

Comprehensive Case Management for Working with Newcomers in the U.S.



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INTRODUCTION

Crises, conflict, and disasters continue to force millions from their homes, leaving individuals and families in search of safety and stability. For organizations serving forcibly displaced people, case management plays a critical role in supporting their transition, recovery, and long-term well-being.

This toolkit offers a comprehensive, client-centered framework for caseworkers, supervisors, and managers providing case management services to individuals and families affected by conflict, persecution, violence, environmental disasters, and human rights violations. Given the varied and evolving demographics of those served, case management must be flexible and responsive to unique needs.

Recognizing the variability in funding, program structures, staffing, and local contexts, this toolkit is designed as a non-prescriptive guide, allowing organizations to tailor its recommendations to their specific settings and client populations served.

For clarity and consistency, the term **caseworker** is used throughout to refer to all staff providing case management services, regardless of job title. This toolkit is also designed for other organizational stakeholders, including supervisors, program managers, directors, and other service providers involved in delivering or overseeing case management services.

WHO WILL BENEFIT

This toolkit serves as a foundational resource for new staff, interns, and volunteers supporting your agency's case management programs, including supplemental or intensive case management services, employment services, volunteer coordination, outreach, and financial administration. Additionally, it can serve as a valuable reference for experienced team members, sparking new ideas and discussions on best practices.

Readers will gain a working knowledge of comprehensive case management, including the essential components of quality service delivery, effective client engagement strategies, and best practices for accurate documentation and case notes.

While this toolkit provides general guidance, always refer to the most recent funder requirements, agency-specific policies, and your direct supervisor for official guidance on case management programming. Individual resettlement agencies or affiliates may have additional requirements not covered in this toolkit.

This toolkit is current as of July 10, 2025.

PART 1: CASE MANAGEMENT FOUNDATIONS

1.1 WHAT IS CASE MANAGEMENT?

Case management is a collaborative process between a caseworker and a client that is designed to support and empower the client in achieving specific goals. Caseworkers come from varied backgrounds, and no single provider can meet all client needs. As a result, case management is typically cross-disciplinary, involving coordination with multiple systems to help clients access needed resources. Through a collaborative approach, caseworkers walk alongside clients to create personalized plans, provide support, and foster lasting change and independence.

A common way to understand this work is through the **socio-ecological model**, which considers how people's well-being is shaped by their interactions across different levels of their environment:

- **Individual:** age, health, beliefs, behaviors
- **Relationship:** family, partners, friends, caregivers
- **Community:** neighborhoods, workplaces, schools, and places of worship
- **Societal:** broad norms, policies, and trends that affect access and opportunity



1.2 CASE MANAGEMENT FOCUS

While case management services vary by program and client needs, the core goals remain the same: to support clients in achieving stability, empower them to improve their overall well-being, and guide them toward self-sufficiency. This involves assessing and addressing various factors that can influence client outcomes.

- **Protective factors** are strengths or supports that help prevent negative outcomes. These include physical safety, stable housing, income, access to benefits, social support, and coping skills.
- **Risk factors** increase client vulnerability to negative outcomes or harm. Examples include substance abuse, unstable housing, financial insecurity, untreated mental health issues, abusive relationships, lack of social support, and exposure to violence or trauma.

Examples of protective factors and risk factors include but are not limited to the following:

PROTECTIVE FACTORS	RISK FACTORS
Access to medical care	No access to or insufficient medical care
Access to legal services	Risk of removal or deportation
Being able to meet basic needs	Inability to meet basic needs
Managed mental health	Untreated mental health challenges
Supportive social connections	Social isolation
Ability to cope with challenges	Difficulty managing stress
Knowledge of local systems	Difficulty navigating the environment
Sense of belonging	Exclusion or lack of community
Fair access to opportunities	Discrimination or limited access to opportunities

1.3 CASE MANAGEMENT MODELS AND SCOPE

There are several common models of case management. Each is suited to different client needs and contexts. This toolkit focuses on **Comprehensive Case Management**, but the other models in the table below are also widely used:

MODEL	DESCRIPTION	EXAMPLE
Brokerage	Short-term support focused on connecting individuals to services and resources. Contact is limited—often just a few meetings.	A person recently diagnosed with a serious illness is referred to specialty care, provided medical equipment options, and connected to emotional support services. The caseworker may assist with initial access depending on client needs.

MODEL	DESCRIPTION	EXAMPLE
Crisis	Immediate, short-term intervention during an urgent situation. Focuses on safety, stabilization, and basic needs.	A family displaced by a natural disaster is temporarily housed in a shelter. The caseworker provides safety assessments and connects them to food, clothing, and temporary assistance.
Short-Term Solution Focused	Services are delivered over a defined period to address specific goals. Timeframes are preset and activities are structured.	A newcomer to the U.S. receives structured support through a 30–90-day program, including housing assistance, job readiness training, and orientation to local services.
Comprehensive	Holistic support tailored to a client's self-defined goals. Duration varies and typically ends when goals are met.	A parent of three recently lost their job and is at risk of eviction. The caseworker helps assess goals, needs, and barriers across multiple areas—housing, employment, income, and childcare. They assist the client in applying for rental assistance, exploring job options, understanding tenant protections, and building a basic budget. The caseworker also helps with contingency planning in case of eviction and helps coordinate school continuity and shelter options if needed.
Therapeutic	Clinical approach that combines comprehensive case management with emotional support, psychoeducation, and skills development. Typically, longer term.	A client experiencing trauma receives support to build coping strategies, manage daily functioning, and access clinical mental health care as needed. When there is elevated risk—such as suicidal thoughts, worsening symptoms, decreased functioning, or unsafe behavior—the caseworker may work with the client to create a safety plan and monitor their condition to help prevent a crisis.

Regardless of the model, case management activities and services should fall within the caseworker's role, training, resources, and capacity. Caseworkers need to understand their program's scope of services and clearly communicate it to clients to set realistic expectations.

1.4 DETERMINING CASELOAD SIZE

A caseload refers to the number of individuals or households enrolled in case management services per caseworker. Caseload sizes may be determined by a funder, agency, or program and should align with several key factors:

- Nature and intensity of services provided
- Expected duration of engagement with each client
- Complexity of client needs
- Skill level and experience of the caseworker
- Availability of additional staffing or administrative support

Determining what constitutes a sustainable caseload requires evaluating the overall workload—including the time required to support each client and the additional responsibilities assigned to the caseworker outside of direct service, such as documentation, research, agency meetings, etc.

Programs may use a workload capacity calculator to estimate the time and resources required for caseworkers to effectively manage their responsibilities. To complete this process accurately, caseworkers may need to conduct a time study to assess how much time is spent on core tasks, including both direct client services and administrative duties. See [Appendix: Workload Time Study](#).

1.5 WHERE CASE MANAGEMENT SERVICES ARE PROVIDED

Case management services can be provided in an office, at a client's home*, in a community setting, or remotely. The factors that guide where and how services are provided include the following:

- **Preference** – Location preference of clients, families, and communities
- **Accessibility** – Locations that are easily accessible to clients, families, and communities with attention to people with disabilities, the elderly, children and youth, and caregivers of young children. Consider the following:
 - **Travel time** and whether clients rely on public transportation
 - **Technology access**, such as a working phone or Internet connection, especially if services are remote or require online scheduling or follow-up
- **Safety** – Locations that can be accessed safely and that allow all people to be and feel safe while using services; this includes considerations for people who may have additional safety concerns, such as abuse survivors, children, etc.

- **Fewest barriers** – Locations that introduce the fewest possible barriers to services, including access to childcare, provision of interpretation services, other service providers, etc.
- **Confidentiality** – Locations where confidentiality and privacy can be supported, including private spaces to meet with clients as needed.

* See Switchboard's Checklist [Safety During Client Home Visits](#), which offers a tool to help prepare staff and volunteers for client home visits.

PART 2: CASE MANAGEMENT PRINCIPLES

2.1 CORE VALUES

Case management values are the core principles that shape how caseworkers interact with clients, make decisions, and deliver services. When caseworkers ground their practice in well-established values, it helps ensure services are delivered with respect for each client's dignity, independence, and well-being.

Below are core values for caseworkers supporting people who have experienced displacement or disruption:

- **SERVICES UPHOLD HUMAN DIGNITY**

Casework should be grounded in the belief that all people are worthy of respect and fair treatment. Many displaced individuals have experienced serious hardship, including the loss of safety, stability, and access to basic protections. Caseworkers should work to ensure that clients' core needs—such as safety, access to services, and freedom of movement—are supported. Respect for each person's dignity and personal agency should guide all interactions.

- **SERVICES DO NO HARM**

Caseworkers should work within the limits of their training, role, and professional boundaries. Services should be designed and delivered in a way that avoids unintentional harm or risk to clients. This includes:

- Practicing only within one's area of competence
- Seeking supervision and consultation regularly and when needed
- Participating in ongoing training
- Following [safeguarding protocols](#) to protect both clients and staff

Programs should regularly review service quality and safety practices to ensure appropriate care.

- **SERVICES ARE CLIENT CENTERED**

[Client-centered casework](#) affirms that individuals are the best source of information about their own needs, goals, and preferences. Caseworkers should support clients in defining their priorities and selecting services that align with their circumstances. This includes:

- Developing service plans that reflect client-identified goals
- Adapting approaches based on clients' evolving needs and contexts
- Making appropriate accommodation for children, older adults, individuals with disabilities, and others with specific considerations

Client-centered work requires flexibility, listening, and a commitment to adjusting services as

needed.

- **SERVICES ARE STRENGTHS BASED**

Strengths-based casework emphasizes the capabilities and assets each person brings—including resilience, skills, experience, and community support. Caseworkers should:

- Focus on what clients can do, not just what they need
- Reinforce self-worth and confidence
- Support clients in using their strengths to access services and make progress toward their goals

Services should empower clients and reinforce a sense of self-determination and personal pride.

- **SERVICES REFLECT CLIENTS' CONTEXT AND COMMUNICATION NEEDS**

Clients come from a wide range of backgrounds and life experiences. They may hold different beliefs, speak different languages, and approach services with varied expectations based on past experiences or cultural norms. Because of this, caseworkers should aim to deliver services that align with each client's communication style, values, and needs.

It is not possible to create a one-size-fits-all approach. However, there are practical strategies caseworkers can use to serve clients more effectively. Caseworkers should:

- *Know themselves* – Reflect on their own assumptions, habits, and preferences and how these might affect their interactions with clients.
- *Learn about the client's context* – Ask respectful questions, gather relevant information, and seek input from colleagues when working with unfamiliar practices or communication styles.
- *Build practical skills* – Effective service may involve learning how to use interpreters, discussing sensitive topics respectfully, or adjusting plans to align with the client's beliefs and routines.
- *Stay curious and flexible* – Approach differences with an open mind. Avoid making assumptions based on a client's appearance, background, or past experience.
- *Adapt when possible* – Strive to make services clear, accessible, and relevant to each client's circumstances. This includes providing information in the client's preferred language and format.
- *Seek feedback* – Invite feedback from clients and supervisors to identify areas for improvement and ensure services are working as intended.

By employing these strategies, caseworkers can better navigate the complexities of each client's unique needs and work collaboratively to build more effective, respectful, and supportive relationships. This approach not only enhances case management service delivery but also fosters a greater understanding of the many perspectives and experiences

that clients embody.

- **SERVICES ARE TRAUMA INFORMED**

Many clients have experienced high levels of stress or events that disrupted their sense of safety and stability. These experiences can affect how they view themselves, relate to others, and engage with services.

[A trauma-informed approach](#) helps caseworkers recognize how past events may shape current behavior, communication, and trust. It emphasizes creating safe, predictable, and respectful interactions while avoiding actions that could cause clients further distress.

Caseworkers can apply trauma-informed principles by:

- Practicing active listening without judgment
- Offering choices whenever possible
- Explaining processes clearly
- Maintaining consistency and follow-through
- Referring to specialized support when needed

By approaching services with care and awareness, caseworkers can reduce the risk of re-traumatization and help clients regain a sense of control. See [Appendix: Trauma-Informed Approach](#) and [Preventing Crises and De-escalating Difficult Situations](#) for more details.

2.2 REMOVING BARRIERS TO SERVICE PARTICIPATION

Caseworkers and programs should ensure that all clients can access and benefit from services. While everyone brings their own strengths and challenges, some individuals may face additional barriers due to factors like age, disability, or health status. Identifying and addressing these barriers helps improve service quality and reach.

The table below offers examples of how different groups may experience access challenges. These examples are illustrative, not exhaustive.

GROUP	BARRIERS TO ACCESSING SERVICES
Children	<p>May not fully understand their situation, options, or services available—especially at younger ages. They may need support to express their needs, understand choices, or participate meaningfully in service planning.</p> <p>Depending on age and developmental stage, children may not have the ability to make informed choices, understand circumstances, exercise bodily autonomy, or independently access services. This may be more acute in adolescence when seeking access to sexual and reproductive health care.</p>
People with Disabilities	<p>May encounter physical barriers (e.g., inaccessible buildings or transportation) or communication barriers (e.g., hearing, speech, or cognitive differences). Lack of accommodation or provider understanding can also affect service quality.</p>
Older Adults	<p>May experience reduced mobility, hearing or vision loss, or chronic health conditions that make it harder to access services, perform daily tasks, or stay connected to support systems.</p>

When planning or reviewing services, programs should consider whether certain individuals or groups may be unintentionally excluded or underserved. This includes evaluating whether services are physically accessible, whether procedures or communication methods create barriers, and whether assumptions are being made about who is likely to participate or benefit.

Programs should also regularly review service outcomes. When possible, outcome data should be organized by relevant factors such as age or disability status. If differences in outcomes are identified, further analysis should be conducted to understand why—and whether adjustments are needed to make services more effective and accessible for all clients.

2.3 COORDINATED AND COMPLEMENTARY SERVICES

Programs should aim to provide services that are **complementary** (filling a gap, not duplicating efforts) and **coordinated** (connected to other needed services through clear referral systems).

To do this effectively, caseworkers should regularly assess what services their program cannot provide and identify trusted partners who can offer those services. This process starts with community resource mapping.

COMMUNITY RESOURCE MAPPING

Community resource mapping helps programs visualize and assess local services—focusing on availability, accessibility, and fit for the population served. [Community resource mapping](#) is the process of identifying and aligning assets within a defined geographical area to accomplish stated objectives. It supports integration by engaging community members, cultivating new partnerships, strengthening referral pathways, and coordinating services. Steps to effective community resource mapping include the following:

1. **Identify the population served** – Understand who the clients are and what common needs they have.
2. **Clarify unmet needs** – Identify services your program does not offer but that clients often require (e.g., housing support, interpretation, mental health care).
3. **Gather detailed information** – Reach out to potential partner organizations and ask questions such as:
 - a. *Do you provide transportation assistance?*
 - b. *Are you accessible by public transit?*
 - c. *What languages are spoken by staff?*
 - d. *Do you offer interpretation?*
 - e. *What are your eligibility requirements?*
 - f. *Do you accept public insurance?*
4. **Organize the findings** – Use a structured template, such as these [Community Resource Mapping Templates](#), to record the findings and maintain an updated directory.
5. **Review and update regularly** – Maps should be reviewed for gaps, outdated information, or overlaps in services.
6. **Share and use the map** – Make the directory accessible to caseworkers and create a process for them to provide updates based on their experiences with referrals.

REFERRAL PATHWAYS

A referral pathway outlines how clients are connected to services outside of your program. To make an effective referral, caseworkers should know:

- What types of referrals the partner accepts (walk-in, self, agency, or partner-only)
- Whether a referral form is required, and who it should be sent to
- How to confirm the referral was received and acted on
- Whether eligibility screening is required

If ongoing coordination with the referral partner is needed, caseworkers should ensure the client provides written permission through a [Release of Information](#) (ROI), in line with program policy. Furthermore, it is important to check whether additional ROIs need to be completed for the receiving provider.

Whenever possible, staff should offer a *warm handoff*—introducing the client to the new provider directly, whether in person, over the phone, or via a facilitated introduction. This builds trust, reduces confusion, and improves follow-through. See [Referral Form Sample](#).

For practical guidance on strengthening referral systems, see:

- [Eight Tips for Service and Health Care Provider Collaboration](#) – Guidance on building mutual understanding and smoother coordination between agencies.
- [Mental Health Referral and New Provider Inquiry Forms](#) – Templates to support clear, effective referrals in mental health contexts. This toolkit goes into further detail about referrals and ROIs in [Part 6](#).

2.4 BOUNDARIES

Boundaries define what is acceptable and appropriate in a professional relationship. Clear boundaries help protect both the client and the caseworker, minimize power imbalances, and ensure services are delivered ethically and safely.

Maintaining boundaries supports five key goals:

1. Protecting the client
2. Protecting the caseworker
3. Minimizing power differentials
4. Preventing harm
5. Upholding professional ethics and standards

Any illegal activity is, by definition, a boundary violation. However, many violations happen when a caseworker, in an effort to help, unintentionally crosses a line that introduces risk or confusion.

Below are common types of boundary violations:

- **Intimate or Personal Relationships** – Romantic or sexual relationships between caseworkers and clients are strictly prohibited. Caseworkers should also not serve clients they know personally (e.g., friends, relatives). These cases should be referred to another staff member. Even well-intentioned familiarity can create confusion or risk. Caseworkers should avoid:
 - Sharing personal contact information
 - “Friending,” “following,” or accepting “follow” requests from clients on social media
 - Meeting socially with clients outside the scope of services. Caseworkers should avoid meeting with clients at social gatherings and community groups. If clients are part of the same religious congregation, caseworkers should avoid close and regular contact, such as membership on the same committees or groups. Caseworkers should always seek supervisor support when in doubt about unavoidable circumstances.
 - Physical gestures (e.g., hugging, holding hands, touching hair) that could be misinterpreted
- **Personal Gain or Benefit** – Caseworkers must not use their position for personal benefit. This includes avoiding:
 - Accepting gifts, discounts, or favors from clients
 - Asking clients for services (e.g., fixing a car, cutting hair)
 - Sharing personal needs or seeking emotional support from a client

Programs should clearly explain gift policies to clients during intake and provide scripts to help caseworkers respond when clients offer gifts.

- **Over-reliance or Dependence** – Caseworkers should support clients in building independence and reducing reliance on services over time. Doing everything for a client—without helping them build capacity—can lead to over-reliance and increased vulnerability when services end. Caseworkers should:
 - Help clients develop skills, knowledge, and access to resources
 - Respect the client’s autonomy in decision-making
 - Provide guidance, not judgment or directive advice
- **Altruistic Gestures** – Offering personal help (e.g., buying groceries with personal funds, giving money, or doing favors) may seem compassionate but can lead to:
 - Confusion about the nature of the relationship
 - Unequal treatment across clients
 - A sense of obligation or blurred professional lines

Caseworkers should generally avoid such gestures unless approved and documented through program channels.

- **Unanticipated Circumstances** – In urgent or emotional situations, caseworkers may feel pressure to act outside of their role by doing things such as:
 - Explaining legal documents
 - Transporting clients in personal vehicles (this may be required by your employer in your normal job duties; please consult your supervisor for expectations)
 - Intervening in emergencies without proper training or authority

Making exceptions in case management, while sometimes necessary, can lead clients to misunderstand the exception as standard practice, potentially creating unrealistic expectations and undermining consistency and fairness. When in doubt, caseworkers should pause and consult a supervisor. Boundaries are often most at risk in moments of urgency, stress, or high emotion.

2.5 Setting and Communicating Boundaries with Clients

At the start of services, caseworkers should clearly explain:

- Their role and scope of services
- The client’s rights and responsibilities (see [section 3.2](#) for more)
- Policies about boundaries that most caseworkers are required to follow (e.g., no gifts, no socializing, no personal relationships; please refer to [section 2.4](#) on boundaries for additional information)

Setting expectations early helps prevent misunderstandings, reduces risk, and supports a respectful, professional relationship from the outset.

For strategies caseworkers can use to maintain healthy boundaries while managing their workload, see [Creating Balance in Case Management](#). For more guidance on digital communication boundaries, see [Boundaries in the Electronic Age](#).

PART 3: CASE MANAGEMENT PROCESS AND STEPS

Comprehensive case management is a process typically comprised of six common activities.



3.1 INTRODUCTION AND ENGAGEMENT

The introduction and engagement phase lays the foundation for a strong working relationship and ethical service delivery. It typically includes the following steps:

- **Ensure privacy** – All initial conversations, including intake and assessment, should be held in a private space to protect confidentiality and build trust.
- **Introduce yourself and the program** – Caseworkers should clearly state their name, role, and the program or agency they represent. This sets the tone for transparency and professionalism. See this sample [Program Guide](#) that covers the roles and responsibilities of those involved.
- **Confirm eligibility** – If the program has eligibility criteria, determine early whether the potential client qualifies. This respects the client's time and helps connect them quickly to

appropriate resources. If a client is ineligible, offer referrals to other services whenever possible.

- **Explain services clearly** – Give clients thorough information to make an informed decision about whether to participate. This includes:
 - The types of services offered
 - Duration of services
 - Any important procedures, expectations, or limitations, including why a case may be closed (see [section 3.6](#) for additional information on case closures)
 - Potential risks, benefits, or alternatives

This can be done verbally or supplemented with printed materials or videos. Caseworkers should pause regularly to invite questions and check for understanding.

- **Obtain informed consent** – Once the client understands the services, the caseworker should request their consent to enroll. Informed consent is a professional and ethical obligation. It promotes client autonomy and reinforces that participation is voluntary. Consent should also be re-obtained if services change and before making referrals or sharing client information.
- **Monitor for immediate safety concerns** – During initial contact, caseworkers should listen for any indicators of immediate risk—such as [suicidal thoughts](#), [threats of violence](#), or urgent health issues—and respond according to agency protocols.

3.2 INTAKE AND ASSESSMENT

INTAKE

The intake process is a critical step for gathering basic information, confirming that clients understand their rights, and establishing a foundation of trust and transparency. It typically includes the following elements:

- **Collecting demographic information**

Caseworkers should gather key client information such as address, phone number, date of birth, country of origin, immigration status (if relevant to your program), language, and other characteristics that may affect service delivery. This information helps caseworkers tailor support to individual needs and enables programs to understand who they are serving. Data collected from clients and programs can help shape more effective service planning and outreach efforts and strategies. Where appropriate, data can be reviewed in more detail to identify service gaps or areas for improvement. If the client was referred, some information may already be available. Depending on the client's comfort and literacy level, this information may be collected through a form the client completes independently. However, if the client needs support, the caseworker can ask the questions (with an interpreter) and write down the answers on the client's behalf.

See [Appendix: Intake Template](#) and [Intake Template with Professional Focus](#).

- **Reviewing client rights and responsibilities**

Clients should be informed of their rights and responsibilities in a way that is clear, linguistically appropriate, and responsive to client communication needs. Rights and responsibilities can also be displayed in common areas or provided in translated materials.

Discussing rights and responsibilities includes clearly explaining how confidentiality works. Caseworkers should inform clients about the following:

- What information will be kept private
- How their data will be stored and shared
- In what cases information may be shared without consent (e.g., if a client, child, or vulnerable adult is in immediate danger). See this [Mandatory Reporting guide](#), [Safety Planning](#) resources, and the [Suicide Prevention eLearning](#) as needed.

For more, see Section [6.2 Client Confidentiality](#), [Appendix: Client Rights and Responsibilities sample](#), and [Appendix: Client Rights and Responsibilities Staff Guidance](#).

- **Answering questions and addressing concerns**

The intake process is also a chance to answer questions and clear up confusion.

Caseworkers should encourage clients to voice concerns by allowing time and using open-ended prompts such as:

- *What questions do you have?*
- *What have I said that might be confusing?*
- *What additional information would be helpful?*
- *Let me pause for a minute to answer any questions.*

Creating space for questions not only clarifies expectations—it also reinforces client agency and helps build trust from the start.

ASSESSMENT

Assessment is a process designed to help caseworkers understand the client's concerns, goals, strengths, and barriers. The purpose is to inform a tailored service plan that will guide the work between the caseworker and the client.

Assessments may be brief and focused on a single issue—such as immediate safety—or more comprehensive, covering a wide range of life domains. The scope of assessment should be aligned with the program's services and goals. For example, if a program focuses on housing, it would generally not be appropriate to collect detailed mental health information unless it directly relates to housing eligibility or support. Additionally, it's important to keep assessments relevant to the level of urgency. If a client is being enrolled due to housing instability—such as having just lost their housing—even if mental health is a contributing factor, it may not be helpful or appropriate to explore it in depth at that moment. In such cases, follow-up appointments can be scheduled to complete additional assessments once the immediate crisis has been addressed.

Caseworkers should avoid collecting information that does not directly support referrals, services, or client outcomes. Information gathering should be purposeful and respectful of the client's time and privacy.

Key parts of an assessment often include:

- **Biopsychosocial** – This involves questions that help the caseworker understand the client's broader context on three key components: biological, psychological, and social factors. Topics may include health, finances, relationships, culture, education, employment, and daily functioning.
- **Needs** – These questions explore the client's reason for seeking services. Caseworkers should aim to understand the client's immediate needs, any contributing or precipitating factors, what the client has already tried, other services they are connected to, and what they hope to gain from support.

- **Strengths** – Throughout intake and assessment, caseworkers should intentionally observe and elicit client strengths—whether through conversation, observation, or specific questions such as:
 - *What gives you the strength to keep going?*
 - *How did you manage that?*
- **Risks and Protective Factors** – Caseworkers should gather information about what might place the client at risk (e.g., substance use, lack of support) as well as what helps them stay safe and resilient (e.g., trusted relationships, access to services). These are important factors to collect to assist caseworkers with determining what type of additional services and referrals may be needed, especially for medical and mental health conditions. This can include questions such as:
 - *Who can you go to for help?*
 - *How often do you drink alcohol?*

At the end of the assessment, caseworkers should summarize what they've heard and invite the client to clarify or correct any information. This promotes accuracy and reinforces the collaborative nature of the process. See [Appendix: Comprehensive Assessment Sample](#).

3.3 SERVICE PLANNING

Service planning helps clients and caseworkers identify clear goals, set priorities, and define next steps. It also includes determining how often to meet, where sessions will take place, how long they will last, and what they will typically cover.

ESTABLISHING GOALS AND PRIORITIES

Clients often have multiple needs. Caseworkers should center the client's priorities and decisions in goal setting. Helpful questions include:

- *Of the things you mentioned today, what feels most urgent or important?*
- *What would you like to work on first?*

Note: If there are urgent safety risks—such as suicidal ideation—caseworkers must address them through safety planning for [suicidal ideation](#) or for [family violence](#), and/or emergency referral to keep the client and others safe, even if the client does not identify this as a priority. This could sound like:

- *I know you want to focus on your housing situation today; however, I am concerned about a few things that came up in our conversation just now that I would like to check in with you about first.*

See [section on Safety Planning](#) for more.

When a goal feels large or vague, caseworkers can break it into manageable steps—a process called **partialization**. For example, the goal “get a good job” may involve several smaller goals such as:

- Obtaining work authorization
- Learning English or another required language
- Identifying skills and job interests
- Building a resume
- Learning how to apply for jobs online
- Participating in mock interviews

To guide the process, caseworkers might ask, “What do you think is the first step toward that goal?”

When goals are unclear or abstract, caseworkers can support clients in making them more concrete by asking:

- What does that look like for you?
- How will you know when you’ve achieved it?

For example, if a client says, “I just want to feel better,” a caseworker might follow up with, “What does feeling better mean for you?” or “What would tell you that you’re starting to feel better?”

Goals should be **SMART**: **s**pecific, **m**easurable, **a**ttainable, **r**elevant and **t**ime-bound.

NOT A SMART GOAL	SMART GOAL
Get a job	Within three weeks, the client will be enrolled in a job readiness program.
Have better sleep	Within one month, the client will increase sleep from three to five hours per night.
Not feel so lonely	Within two weeks, the client and caseworker will identify two community or educational programs of interest where client can meet people who speak their language.

Each goal should include:

- The steps required to reach it
- Who is responsible for each step
- An acknowledgment of relevant strengths and barriers
- The deadline or target date for completion for review

Limiting the service plan to two or three priority goals helps avoid overwhelm and keeps focus clear for both the client and caseworker.

REVIEWING THE PLAN

Caseworkers should review the service plan with the client to confirm understanding and agreement. For example:

“Based on our conversation today, it sounds like we’ll focus on [X], [Y], and [Z] this month. You’ll work on _____, and I’ll support by _____. Did I capture everything correctly? Is there anything you’d like to add or change?”

To identify obstacles or barriers to success, the caseworker should end the review of the plan by asking, “Is there anything that could get in the way of you achieving this goal or step?” The caseworker can then help the client by identifying any support needs.

NEXT STEPS AND LOGISTICS

The service planning process should also establish the following:

- How often the client and caseworker will meet
- Where meetings will happen
- Any barriers that may need to be addressed (e.g., transportation, child care, work schedules)

Caseworkers may provide supportive tools if their program allows, such as bus passes, transportation maps, or calendars of relevant community programs. It’s also helpful to clarify:

- How the caseworker and client will contact each other
- Expected response time from the caseworker
- How to reschedule or cancel appointments
- What to do if the client has an urgent need between meetings

SEE APPENDIX: INDIVIDUAL SERVICE PLAN TEMPLATE.

3.4 IMPLEMENTATION

Implementation refers to the actions taken to achieve the goals outlined in the service plan. All meetings, activities, and outcomes should be aligned with the service plan and documented in case notes (see [Part 4: Case Notes](#)). Key implementation tasks include the following:

INFORMATION AND EDUCATION

Clients need practical knowledge to make informed decisions, navigate systems independently, and achieve self-sufficiency. Topics that clients may need to learn about or need support with include scheduling medical appointments, using pharmacies, or applying for benefits.

Caseworkers can use a multi-step approach to help build clients' confidence and skills:

- **Education** – Explain the process using verbal explanations, handouts, videos, or other resources.
- **Demonstration** – Perform the task while the client observes (e.g., making a medical appointment).
- **Partnership** – Support the client as they try the task themselves, offering guidance if needed.
- **Encouragement** – Encourage continued practice, and follow up to address questions or concerns.

REFERRALS

When making a referral, caseworkers should explain the reason, the receiving agency, and what the client can expect. For example, the caseworker might say to the client:

“You mentioned concerns about your overdue water bill. I’d like to refer you to an agency that provides utility assistance. With your permission, I’ll share your bill and contact information. I’ll submit the referral online today, and they typically respond within two days. If I don’t hear back, I’ll follow up and keep you updated.”

Caseworkers should always obtain permission and a signed Release of Information (ROI) before sharing the client's personal data. Include the following elements on the ROI and in case notes:

- Purpose of the referral
- Name of the referral agency and its services
- Client consent and ROI
- How the referral will be submitted
- Next steps after submission

SERVICE COORDINATION

Clients often need support from multiple providers. Coordinating these services requires client permission and a signed ROI. Caseworkers should begin by identifying existing service connections.

If a client declines coordination and it prevents progress toward a priority goal, the caseworker should discuss this limitation and remove the goal from the plan. In rare cases, refusal to permit coordination may raise safety concerns. For example, if a client has a serious medical issue but won't allow communication with their medical provider, the caseworker should consult their supervisor to determine if continued case management is appropriate or if a higher level of care is needed.

CASE CONSULTATION AND CONFERENCING

During implementation, caseworkers may need to consult with colleagues or convene a structured case conference.

- **Case consultation** offers informal support from other professionals to clarify a process, situation, or service.
- **Case conferencing** is a planned, multi-disciplinary meeting focused on improving outcomes, resolving coordination issues, or preventing duplication of services.

See: [Effective Case Consultations and Case Conferences](#) for more.

ADVOCACY

Case management includes educating clients about their rights and supporting them in exercising those rights. With client consent, advocacy may involve helping them access benefits or services they were wrongfully denied. Whenever possible, the goal is to empower clients to advocate for themselves.

ACCOMPANIMENT

Accompaniment involves attending appointments or rehearsing events with clients to reduce anxiety and reinforce learning. Examples include attending a court hearing or helping a client visit a location in advance of an important event.

CRISIS RESPONSE AND PROTECTION

Caseworkers may occasionally need to respond to urgent safety issues, including mental health crises, domestic violence, sexual assault, or human trafficking. Programs should have clear protocols and resources to support staff and clients in crisis situations. See the [Critical Incident Response Toolkit for Developing Organizational Policies and Procedures](#).

SAFETY PLANNING

Caseworkers should develop a safety plan with a client when there are substantial or imminent risks, such as family violence, dating violence, suicidal ideation, etc. A basic safety plan includes:

- Warning signs indicating danger
- Strategies for staying safe:
 - Where to go
 - Who to call
 - What to do
- Emergency contact resources

Customized plans may be needed for family or intimate partner violence, child safety concerns, trafficking, or suicidality. Staff are encouraged to consult a supervisor or technical advisor when creating these plans.

Additional Resources on Safety Planning include:

- [Introduction to Safety Planning](#)
- [Low-Risk Safety Plan Template](#)
- [Safety Planning eLearning Course](#)
- [Safety Planning and Emergency Preparedness for Refugee Housing](#)
- [Safety Planning with Unaccompanied Refugee Minors](#)
- Suicidal Ideation Safety Plan [Template](#) and [Guide](#)
- Family Violence Safety Plan [Template](#) and [Guide](#)

3.5 CASE REVIEW

Regular review of service plans and case progress helps to:

- Evaluate whether the caseworker's approach to implementing the service plan with each client is effective
- Recognize accomplishments and maintain motivation
- Identify and troubleshoot barriers
- Monitor client safety and evolving needs
- Update goals and priorities

Caseworkers should adjust plans and interventions as needed based on review findings.

Reviews should occur at consistent intervals, based on the service model, funding requirements, and the client's safety needs. For services lasting six months or more, caseworkers should review the case every 90 days with both their supervisor and the client. Shorter services may only require a

review at case closure or when concerns arise.

Cases involving significant safety risks—such as suicidality or family violence—require more frequent review (e.g., weekly or daily) until the risk is resolved.

3.6 CASE CLOSURE

Caseworkers should explain closure timelines and expectations to clients at the start of services, and regularly review progress and the timeline. Cases should only be closed or transferred for appropriate reasons—not due to personal preferences of staff. Common reasons for case closure or transfer and relevant actions caseworkers should take include the following:

- **Time-limited program:** Services end after a set duration or upon completion of specific goals. Communicate this at intake and throughout the process.
- **Goals achieved:** Meet with the client to review accomplishments and prepare for closure.
- **Client request:** Explore the reason behind the request, doing so respectfully and without pressure.
- **Client relocation:** Attempt to connect the client with services in their new location.
- **Loss of contact:** If a client misses a set number of appointments (e.g., three), attempt to follow up. If the client is unreachable within a defined period (e.g., five days), close the case.
- **Policy violation:** In rare cases, client actions may warrant closure. This should follow internal review and leadership discussion.

If, at the time of case closure, the caseworker determines that the client is not ready to end services—perhaps due to unmet goals or needs that fall within the program’s scope of services—they should consider whether an extension is possible. Some programs allow for services to continue beyond the originally agreed-upon service period to ensure clients receive adequate support. Alternatively, it may be more appropriate to determine the client’s eligibility for another program or service and make the proper referral, as necessary.

Before closing a case, the caseworker should:

- ☐ Review the case with their supervisor and obtain approval
- ☐ Confirm that all documentation is complete
- ☐ Schedule a closure meeting with the client, when possible, to reflect on progress and offer final resources
- ☐ Document closure, including the reason and any closure forms
- ☐ Ensure the client receives a copy of the case closure form(s). Keep proof of receipt or written confirmation as original documents are given out.

- If a client has been inactive and you are not able to hand them a physical copy, consider mailing them a copy of the case closure form or letter that includes details on their eligibility to return or not
- ☐ Store the file securely
- ☐ Provide a client feedback survey, if their organization uses them

Caseworkers should retain case records in a secure location or locked file for the required duration, based on applicable laws, funding terms, or professional guidelines.

If a client returns for services, caseworkers should conduct a modified intake, update documentation, and obtain new consents and ROIs as needed.

See [Appendix: Case Closure Form Template](#).

PART 4: CASE NOTES

A case note documents the services provided to a client and the steps taken to implement the service plan. Case notes should capture both scheduled and unscheduled in-person, telephonic, written, or virtual interactions with the client, colleagues, and other service providers regarding the case.

CASE NOTES SERVE THE FOLLOWING FUNCTIONS:

- Recording relevant case details
- Supporting communication among caseworkers
- Facilitating collaboration and continuity of care
- Tracking progress toward service plan goals
- Enabling ongoing evaluation of service effectiveness
- Helping supervisors understand case activities and outcomes
- Protecting caseworkers by documenting actions and decisions

Caseworkers have a professional and ethical obligation to maintain accurate case notes. Although most caseworkers understand the importance of proper documentation for upholding ethical standards and ensuring program compliance, the task can often feel burdensome and overwhelming. To alleviate this, caseworkers should seek ways to make their paperwork more efficient and meaningful.

4.1 COMMON ELEMENTS OF CASE NOTES

Not every case note will include every element, but common components include:

CLIENT AND SESSION INFORMATION

- ☐ Identifying Information: Client name, date of birth, contact details, and unique identifiers
- ☐ Session Details: Date, time, duration, and location of the session or method of contact (e.g., phone, text, video call)
- ☐ Participants: Individuals present or contacted during the session
- ☐ Interpretation
 - Type: None (Client not present, or Client is fluent in English), Telephonic/Virtual, or In Person
 - Interpreter Information: Name and/or ID number
 - Language that interpretation was provided in
- ☐ Purpose: Reason for the session or action

CONTENT AND INTERVENTIONS

- ☐ Source of Information: How the information was obtained (e.g., from the client, observation, third party)
- ☐ Intervention Summary: Actions taken, discussions held, and outcomes achieved
- ☐ Client Response: Client's reactions, progress, or feedback

PLANNING AND COORDINATION

- ☐ Follow-Up Plan: Next steps or goals for future sessions
- ☐ Referrals and Resources: Services or supports provided; outcomes, if known
- ☐ Next Contact: Planned date or timeframe for future communication

RISK AND COLLABORATION

- ☐ Risk and Safety: Concerns, incidents, or interventions related to safety, including mandated reporting
- ☐ Collaboration: Coordination with external providers or internal consultations

EXAMPLE CASE NOTE

Caseworker met with client, Spanish interpreter (José, ID #123456), and client's partner in the office to review housing stability. The client shared an eviction notice. Caseworker explained housing rights and discussed alternate options. Client stated she may be able to move in with her sister. Caseworker referred her to emergency housing assistance for a 4:00 PM intake and provided a list of shelters. Client agreed to contact her sister that day. Caseworker and client scheduled a follow-up call for noon tomorrow to review the outcomes of the referral and client's conversation.

For additional resources, view:

- [Case Note Template](#)
- [How to Ensure Data Quality in Case Management: 4 Practical Strategies](#)
- [Data Quality in Case Management](#)
- [Creating High-Quality Case Management Documentation](#)

4.2 BEST PRACTICES FOR WRITING CASE NOTES

Case notes should be:

- **Accurate:** Use factual, objective language. Avoid assumptions or opinions.
- **Timely:** Write case notes as soon as possible after the interaction.
- **Clear:** Keep language simple, direct, and free of jargon or abbreviations. Use third person by referring to yourself as “caseworker” and the client(s) as “client(s),” “he,” “she,” or “they.” Include names and job titles of other providers and other organizations as relevant. Refer to relevant friends or family members of the client by their relationship.
- **Organized:** Use a logical structure that’s easy to follow.
- **Relevant:** Include only significant and case-related information.
- **Client-Centered:** Keep the client’s goals at the forefront. Write in a respectful tone you’d be comfortable with the client reading.
- **Confidential:** Exclude highly sensitive details. While systems are in place to protect confidentiality, case notes may occasionally be subpoenaed. Share only what is necessary for professional documentation.
- **Secure:** If you take handwritten notes, transfer the information to the digital case file as soon as possible. Then securely store or dispose of handwritten notes according to your organization’s policy

PART 5: STAFF COMPETENCY AND SUPERVISION

5.1 STAFF COMPETENCY

High-quality case management depends on caseworkers having the right knowledge, skills, and attitudes. Competency is supported through careful hiring, structured onboarding, and ongoing training.

HIRING

Before recruitment, hiring managers (e.g., supervisors, program managers, or directors) should review the job description to ensure it accurately reflects the role. During interviews, they should use tailored questions that prompt specific examples demonstrating the applicant's qualifications and approach. Scenario-based questions can be used to elicit real-time responses from applicants and test their ability to respond to a typical client situation(s) they are likely to encounter at the organization or in the program.

When hiring is complete, the supervisor should review the job description with the new staff member to clarify expectations. They should revisit the description after 90 days to assess whether it still reflects the role. If there is a mismatch, the supervisor should consider whether the staff member needs further orientation and training or whether the job description needs updating.

TRAINING

Training begins at onboarding and continues throughout a caseworker's employment. Ideally, supervisors should create a training log or plan each year. It should include:

- **Mandatory Trainings:** Required by funders or the organization at onboarding, quarterly, annually, or as needed.
- **Onboarding:** Early training to prepare staff before direct client work. See [Comprehensive Case Management Onboarding Guide](#).
- **On-the-Job Training:** Peer- or supervisor-led training based on real-time challenges and experiences. May include shadowing or direct observation.
- **Refresher Trainings:** Periodic sessions to reinforce skills and update best practices. These are best done in monthly and quarterly intervals.
- **Optional Specialized Trainings:** Available to deepen knowledge in specific areas such as mental health, family violence, or trafficking.

MINIMUM STANDARDS

Minimum standards define the foundational knowledge, skills, and ethical commitments required of all caseworkers. Supervisors are responsible for ensuring staff meet these expectations. Below are best practices caseworkers should follow to implement minimum standards, organized by topic area.

Trauma-Informed Care

- ☐ Recognize the [impact of trauma](#) and integrate this understanding into all aspects of service delivery
- ☐ Promote physical, emotional, and psychological safety for clients and staff
- ☐ Respond to clients with empathy, avoid re-traumatization, and support healing and resilience
- ☐ Adapt communication, environment, and expectations to reflect a trauma-informed approach

Client-Centered Practice

- ☐ Deliver services in alignment with the organization's mission, values, and case management principles
- ☐ Engage clients in decision-making and promote autonomy
- ☐ Tailor services to each client's specific strengths, goals, and circumstances

Assessment and Planning

- ☐ Conduct initial and ongoing assessments, prioritizing cases based on level of risk and need
- ☐ Develop service plans that respond to identified needs, and consult supervisors when necessary
- ☐ Review and adjust service plans as new information emerges or client circumstances change

Service Delivery and Documentation

- ☐ Follow up consistently to ensure timely progress on service plan tasks
- ☐ Adhere to internal policies, standard operating procedures, and documentation protocols
- ☐ Maintain clear, timely, and complete case records that reflect services provided

Collaboration and Ethical Practice

- ☐ Seek supervision and support for complex or high-risk cases
- ☐ Safeguard client data in accordance with confidentiality and data protection standards
- ☐ Coordinate with external partners such as health care providers, schools, legal services, and community agencies
- ☐ Collaborate across disciplines to ensure integrated, effective, and ethical care

5.2 SUPERVISION FUNCTIONS

Supervision strengthens caseworker effectiveness by building technical skills, supporting well-being, and ensuring accountability. A well-rounded supervision framework helps maintain quality service delivery and supports caseworkers' professional growth.

EFFECTIVE SUPERVISION INCLUDES THREE INTERDEPENDENT FUNCTIONS:

1. Accountability and Administrative Oversight
2. Educational and Professional Development
3. Supportive Supervision

Balancing all three functions is essential for sustaining ethical, client-centered, and high-quality services.

1. ACCOUNTABILITY AND ADMINISTRATIVE OVERSIGHT

This function focuses on operational management, policy adherence, and service quality. Depending on the organization's structure, supervisors may serve as direct line managers or coordinate closely with HR or program leads.

Core responsibilities of supervisors or program leads include the following:

- **Human Resources** – Participate in hiring, onboarding, and performance review processes
- **Standards and Compliance** – Reinforce adherence to policies, protocols, and procedures, including safety, documentation, and crisis response
- **Case Oversight** – Assign cases, monitor caseloads, and ensure service delivery meets quality standards
- **Documentation and Recordkeeping** – Ensure timely and complete case documentation aligned with legal, ethical, and programmatic requirements
- **Interagency Coordination** – Liaise with external partners to strengthen referrals, address barriers, and coordinate complex cases

2. EDUCATIONAL AND PROFESSIONAL DEVELOPMENT

Supervisors play a key role in identifying strengths and growth areas, helping caseworkers build skills and deepen knowledge over time.

Key activities include:

- Assessing caseworker competencies in knowledge, skills, and professional attitudes
- Facilitating reflective discussions to support learning and insight
- Co-developing learning goals and professional development plans
- Providing tools, resources, and feedback to support growth
- Scheduling regular check-ins to assess progress and offer guidance

This function ensures that caseworkers continue to develop their capacity to respond effectively to complex client needs.

3. SUPPORTIVE SUPERVISION

Supportive supervision [helps caseworkers manage the emotional and interpersonal demands](#) of their work. While supervisors are not therapists, they do play a critical role in fostering staff resilience, motivation, and retention.

Supportive supervision strategies include:

- **Creating a Safe Space** – Foster open, respectful, and confidential dialogue during supervision sessions
- **Promoting Self-Care** – Encourage self-reflection and well-being practices; support staff in identifying stressors and coping strategies. This can help to [reduce burnout in caseworkers](#).
- **Normalizing Emotions** – Acknowledge the emotional impact of the work and provide space to process difficult experiences
- **Modeling Boundaries** – Reinforce professional boundaries and help staff identify when their own boundaries may need reinforcement
- **Offering Recognition and Encouragement** – Celebrate accomplishments, acknowledge effort, and encourage peer connection and team morale

It's common for administrative oversight to take precedence, especially under pressure to meet deadlines and reporting requirements. However, for caseworkers to perform effectively and sustainably, all three supervision functions must be actively maintained.

5.3 SUPERVISION FREQUENCY

Effective supervision relies on consistent, structured engagement with staff. Best practice includes at least **one hour of individual supervision per week**, with flexibility for more frequent check-ins during times of crisis or high stress. Supervision also includes **group-based learning**, **team reflection**, and **routine oversight** of service quality and staff well-being.

The table below outlines the typical frequency for key supervision activities:

TASK	WEEKLY	BI-WEEKLY TO MONTHLY	QUARTERLY	AS NEEDED
Conduct one-on-one supervision with each caseworker, offering guidance on complex cases and psychosocial support	X			
Facilitate peer-to-peer support groups or learning spaces to encourage collaboration and shared problem-solving		X		
Lead group supervision or case management meetings; share notes with team and leadership		X		
Provide support and oversight on specific cases when urgent or complex issues arise				X
Address staffing or training gaps proactively and escalate to leadership as needed				X
Review caseloads and workload distribution to maintain manageable staff capacity			X	X
Monitor response times, case assignments, follow-ups, and decision-making to ensure timely, high-quality service				X
Ensure access to logistical and technical resources and help determine client eligibility for support services (e.g., transportation, emergency funds)				X
Identify caseload trends to inform service planning and support program development			X	
Conduct audits or case reviews to ensure compliance with protocols and uphold service quality standards			X	

PART 6: DATA PROTECTION AND CLIENT CONFIDENTIALITY

Maintaining client confidentiality and safeguarding personal data is essential to building trust and delivering ethical, client-centered services. Caseworkers should refer to their organization's data protection and privacy policies to ensure compliance.

6.1 DATA PRIVACY AND PROTECTION POLICIES

Caseworkers are responsible for understanding and following their organization's data privacy and protection policies, including how those policies apply to their specific role and responsibilities. Clients have the right to know how their personal information is collected, used, stored, and shared.

At the beginning of services, caseworkers must clearly explain privacy practices, including what client information is collected, how it is protected, and the situations in which it may be shared.

6.2 CLIENT CONFIDENTIALITY

All information related to a client's identity, legal or financial status, and services (e.g., intake forms, assessments, case notes) must be kept secure and confidential. This information may not be shared outside the organization without the client's informed consent—except in the limited circumstances listed below.

Confidentiality may be legally or ethically limited in the following cases:

- The client is an imminent danger to themselves
- The client poses an imminent danger to others
- Abuse, neglect, exploitation, or abandonment of a child or dependent adult is disclosed
- A program funder requires information to determine eligibility or for monitoring and compliance
- A valid legal request, such as a signed judicial subpoena or court order, is issued

See [Mandatory Reporting Guide](#) for more information.

Within the organization, client information must only be shared on a “need-to-know” basis. This means access is limited to staff directly involved in delivering or coordinating services, and only the information necessary to fulfill their roles should be disclosed.

Clients must be informed of their right to confidentiality—and its limits—during intake or orientation. This is typically found in the organization's client rights and responsibilities forms. See [Appendix: Client Rights and Responsibilities sample](#) and [Appendix: Client Rights and Responsibilities Staff Guidance](#).

RELEASE OF INFORMATION

When client information needs to be shared outside the organization (e.g., with a referral partner, school, or health care provider), the caseworker should obtain the client's written consent through a [Release of Information](#) (ROI) form. The ROI should specify:

- What information may be shared
- With whom the information may be shared
- The purpose of the disclosure
- The time period for which the release is valid

Most ROIs are valid for 6–12 months from the date of signature. Clients may revoke consent at any time, for any reason. Verbal consent should never be substituted for a signed ROI when disclosure is planned or routine.

Even when a client's story is altered or anonymized, seek the client's informed consent before sharing. Consent should always be voluntary, documented, and revocable.

Note: Incorporating trauma-informed principles involves recognizing the emotional and psychological impacts on clients, ensuring their autonomy and safety in sharing personal information. Clients may be hesitant to share their stories or have their pictures taken and published in the media (including social media) due to past experiences and/or fear of endangering family members. Never take a client's photograph without first obtaining their **informed, written consent** that clearly states how the image will be used and in what context. The same applies to sharing a client's story or quoting them in any public or internal material. In all cases, explain the purpose, potential audience, and how identifying information will be handled. See [Appendix: Photo Consent Sample](#).

PART 7: MONITORING AND EVALUATION, ANALYSIS, AND LEARNING

7.1 MONITORING AND EVALUATION

Regular monitoring, evaluation, analysis, and learning are essential for understanding whether case management services are delivering the intended outcomes. When data is collected consistently and reviewed routinely, it helps supervisors or program leads to:

- Understand impact over time
- Identify trends in service delivery or outcomes
- Examine disparities through disaggregated data (e.g., by age, sex, location)
- Recognize when services need to be adapted or improved
- Ensure resources are used effectively and fairly

A strong monitoring and evaluation plan typically includes:

- **Theory of change** – a clear explanation of what the program aims to change and how
- **Logical framework (logframe)** – a tool that outlines expected outcomes and related indicators, including demographic breakdowns for data collection
- **Data collection plan** – specifies what data will be gathered, how, by whom, and when
- **Data storage or tracking system** – where information can be entered and reviewed securely

7.2 THEORY OF CHANGE

A theory of change provides a high-level framework that links case management activities to intended outcomes. It helps teams define their goals, clarify their service scope, and identify relevant partnerships. To get started, see [Introduction to Program Design: Developing Your Theory of Change](#) and [Theories of Change, Logframes, and Indicators](#).

Comprehensive case management programs may work toward outcomes such as:

- Clients are able to meet their basic needs
- Clients make and influence decisions that affect their lives
- Clients understand and exercise their rights
- Clients prevent or manage physical health conditions
- Clients prevent or manage mental health conditions
- Clients are protected from abuse, neglect, and exploitation
- Clients feel safe in their homes and communities

Frameworks must be adapted based on local context, client needs, and program scope. Doing so also helps ensure services are connected to broader systems of care and protection.

7.3 DATA REVIEWS

Effective data use depends on involving frontline staff and making space for collaborative learning. Data often points to patterns—and the meaning behind those patterns is best interpreted by those closest to the work. Regular reflection meetings give staff the opportunity to discuss successes, challenges, and lessons learned, and to recommend changes to improve services.

7.4 CLIENT FEEDBACK

Client feedback is also a critical part of program learning. Anonymous and voluntary feedback—such as through satisfaction surveys—can help identify service gaps, areas for improvement, or emerging needs. Programs should prioritize respectful, non-coercive methods for collecting feedback.

FOR ADDITIONAL RESOURCES, VIEW:

- [7 Tips for Developing Data-Driven, Evidence-Based Programs](#)
- [4 Practical Tips for Improving Data Quality in Case Management Programs, with Case Study](#)

APPENDICES

WORKLOAD TIME STUDY

You can use a time study to reflect on what activities you are spending your time on in an average week.

Case work often ebbs and flows, so it is good to pick two to four typical weeks to do the time study and average the studies to get a more accurate picture.

After completing the time study, reflect on it with a supervisor, program manager, or trusted colleague. Consider the following questions:

- Where are you spending the bulk of your time?
- Are you spending time on things that are outside the scope of your work?
- Are there areas that you think you should be spending more time on?
- Are there areas that you think you should be spending less time on?

Where needed, brainstorm possible solutions.

WEEK _____

		A	B	C	TOTAL Time per appointment
Client appointments	<u>Scheduled</u> amount of time for each appointment	Travel to the appointment (if any)	Travel from the appointment (if any)	<u>Real</u> amount of time the appointment took	A+B+C
Total amount of time for client appointments in a week:					

Track the following activities each day of the week. You may need to make multiple copies, one for each day.

Day:	
Activity	# of Hours (e.g., 0.25 = 15 minutes, 0.5 = 30 minutes, 0.75 = 45 minutes, 1.0 = one hour)
Phone Calls	
Intake/assessments	
Travel	
Supervision	
Meetings (i.e., staff meetings, other agency meetings)	
Paperwork (e.g., housing lease, medical documents, etc.)	
Case notes	
Reports	
Drop-In Appointments	
Managing Crises	
Training	
Reflection and Planning	
Internal Consultation	
Other travel (not related to client appointments)	
Other:	
Other:	
Other:	

Other:	
Other:	
Other:	
Other:	
Other:	
Total # of hours:	

Total # of hours in client appointments:	
Total # of hours spent on other activities on MONDAY:	
Total # of hours spent on other activities on TUESDAY:	
Total # of hours spent on other activities on WEDNESDAY:	
Total # of hours spent on other activities on THURSDAY:	
Total # of hours spent on other activities on FRIDAY:	
Add up all columns above for total hours worked:	

TRAUMA-INFORMED APPROACH

A trauma-informed approach recognizes that past experiences of harm or disruption can affect how individuals and families engage with services. These experiences may influence a person's sense of safety, their expectations of systems, and how they build trust or communicate. By applying trauma-informed principles, programs create environments that support healing, reduce stress, and promote client well-being.

What do we mean when we say "trauma"?



Core Principles of a Trauma-Informed Approach

Trauma-informed care is grounded in six key principles. The first five address areas commonly impacted by trauma, and the sixth acknowledges that individual history and background shape how people experience and respond to services.



Substance Abuse and Mental Health Services Administration. (2014, July). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. (SMA) 14-4884). <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

1. Safety

Trauma can reduce a person's sense of physical or emotional safety. Programs aim to promote safe, respectful environments for both clients and staff.

Examples:

- Clearly marked, welcoming spaces that are easy to navigate
- Private areas for conversations and clear confidentiality protocols
- Accessible procedures for reporting concerns or violations
- Staff trained and supervised appropriately for their role

- Consistent adherence to organizational policies and standards of professional conduct
- Clear and respectful communication that meets client needs with attention to tone, terminology, and clarity

2. Trustworthiness and Transparency

When people feel informed and understand what to expect, they are more likely to feel in control and engaged. Transparency builds trust over time.

Examples:

- Explain rights, services, and procedures in plain language and multiple formats
- Provide information about processes and decisions in advance
- Clarify confidentiality policies, including their limits
- Create multiple opportunities for clients to ask questions and receive updates

3. Peer Support and Connection

Displacement and disruption often separate individuals from established support systems. Opportunities to reconnect with others can reduce isolation and promote resilience.

Examples:

- Employ staff with relevant language skills or cultural familiarity
- Refer clients to local community organizations, social groups, or resource centers
- Facilitate opportunities for clients to build new social connections
- Offer group-based education or orientation sessions to help clients support one another

4. Collaboration and Mutuality

A trauma-informed approach emphasizes respectful partnership and shared decision-making between clients and service providers.

Examples:

- Use client feedback to inform program design and improvement
- Treat clients as experts in their own experiences
- Build services around dignity, active listening, and mutual respect
- Invite clients to participate in service planning, where appropriate

5. Supporting Autonomy and Informed Decision-Making

Trauma and displacement can limit a person's ability to make choices about their own life. A trauma-informed approach supports clients in setting their own goals, making informed decisions, and taking active steps toward stability.

Examples:

- Ask clients what matters most to them during intake and assessment
- Collaborate with clients on service plans that reflect their goals
- Offer choices whenever possible and respect client decisions
- Create opportunities for clients to build skills and confidence navigating systems

6. Personal and Historical Context

Clients' past experiences may shape how they approach services. Trauma-informed care considers how factors such as displacement, loss, or institutional involvement may affect engagement.

Examples:

- Take time to understand what is important to each client and how past experiences may influence current needs
- Be mindful that trauma can impact a client's memory and ability to process information. As a result, it's normal to need to repeat information to clients or give them frequent reminders about tasks, appointments, or service plans throughout the case management process. Use supportive strategies—like helping clients create a calendar, setting phone reminders, or using visual cues—to reinforce information. Adapt your communication style to meet each client's needs and expectations.
- Be mindful that prior disruptions—such as conflict, separation, or relocation—can impact trust or participation
- Offer flexibility in how services are provided to accommodate client preferences
- Use feedback and data to identify and address gaps in access or engagement

RELEASE OF INFORMATION AUTHORIZATION

Note: Funder and/or program guidelines may require other specific forms or fields to be completed.

Date: _____

YOUR NAME		DATE OF BIRTH	
ADDRESS			

THIS FORM, WHEN COMPLETED AND SIGNED BY YOU, AUTHORIZES [organization] TO RELEASE INFORMATION FROM YOUR RECORD TO THE PERSON YOU DESIGNATE, AND FOR THAT PERSON TO RELEASE INFORMATION ABOUT YOU TO [organization]. I hereby authorize [organization] to release, receive, and/or exchange the information described below and contained within my records to the following:

Name/Agency:

Phone Number:

Fax Number:

Address:

Email Address:

This authorization permits the release and exchange of the following information:

- | | | |
|--|--|---|
| <input type="checkbox"/> q Demographic information | <input type="checkbox"/> q Assessment | <input type="checkbox"/> q Service plan |
| <input type="checkbox"/> q Case notes | <input type="checkbox"/> q Service review | <input type="checkbox"/> q Education record |
| <input type="checkbox"/> q Mental health information | <input type="checkbox"/> q Medical information | <input type="checkbox"/> q Social services |
| <input type="checkbox"/> q Case closure summary | <input type="checkbox"/> q Legal/immigration information | |
| <input type="checkbox"/> q Other, specifically: | | |

The information can be exchanged in the following ways:

- | | | |
|----------|----------|-------|
| q Spoken | q Email | q Fax |
| q Mail | q Other: | |

The information/records are required for the purpose of:

- | | | |
|------------------------|-----------------------------|-------------------|
| q Coordination of care | q Legal/immigration support | q Crisis response |
| q Case management | q Other: | |

1. I understand this authorization will expire on _____(mm/dd/yy), immediately upon my revocation, or upon discharge from the current setting. A fax or photocopy of this form is acceptable as the original signature form.
2. I understand that I have the right to receive a copy of this authorization.
3. I understand that I may revoke (take away) this authorization at any time by notifying [organization] at the address indicated above, in writing, and this authorization will stop being valid effective on the date the notification was received.
4. I acknowledge that the information being released was fully explained to me. I certify that this consent has been given freely and voluntarily.
5. I understand that information disclosed by [organization] pursuant to this authorization may be subject to re-disclosure by the recipient, who may have no obligation to keep it private or confidential.
6. I understand that if I do not understand any part of this Release, I can ask [a/an] [organizational] employee to explain it to me.

By signing below, I acknowledge that I have read and understand this Authorization.

<div style="display: flex; justify-content: space-between;"> Signature of Client Date </div>	OR	<div style="display: flex; justify-content: space-between;"> Signature of Legal Representative Date </div>
<div style="display: flex; justify-content: space-between;"> Signature of Witness Date </div>		<div style="display: flex; justify-content: space-between;"> Representative Relationship to Client Date </div>

Authorization ends at 12 months from the date of signature or if the client revokes their authorization before that time.

CLIENT RIGHTS AND RESPONSIBILITIES SAMPLE

Note: Funder and/or program guidelines may require other specific forms or fields to be completed.

YOUR RIGHTS AS A CLIENT

When you receive services from us, you have the right to:

1. Be Treated with Respect

You have the right to be treated kindly and fairly.

2. No Discrimination

You have the right to receive services without being treated unfairly because of your background. We follow the law to make sure everyone is treated equally.

3. Feel Safe

You have the right to get help in a place that is free from harm, threats, or harassment.

4. Use Your Language

You can ask for an interpreter or help understanding things in your own language. If you say no to language help, we are not responsible for misunderstandings. Children under 18 cannot interpret for others.

5. Keep Your Information Private

Your personal and financial information stays private. We only share it when the law says we have to—for example:

- ☐ To check if you qualify for services
- ☐ If someone is in danger
- ☐ If there is child or elder abuse
- ☐ If we get a legal order (such as a subpoena)

We will tell you if we share your information, when possible.

6. Protect Your Privacy

Your records are private. We will not share them or take your photo or video without your permission.

7. Say Yes or No to Research

You can choose whether or not to be part of any research we do.

8. Get the Right Services

You have the right to services that support your strengths, needs, and choices.

9. See Your Records

You can ask to see your file by making an appointment during regular office hours. We may need a written request, depending on the type of information you're asking for.

10. Know If You are Eligible

We will tell you if you qualify for services after we do any needed intake or screening. If you qualify, you will get services in a reasonable amount of time.

11. Give Feedback

You can share your thoughts about our services—good or bad—without fear. We will take your feedback seriously. If you are not happy with how it is handled, you can ask to talk to a supervisor. A friend or helper can speak up for you if needed.

You can contact your caseworker [insert other title as necessary] here:

Name: _____

Phone: _____

Email: _____

You can contact the supervisor [insert other title as necessary] here:

Name: _____

Phone: _____

Email: _____

You can contact the director [insert other title as necessary] here:

Name: _____

Phone: _____

Email: _____

12. Leave Anytime

You can stop getting services whenever you want.

YOUR RESPONSIBILITIES AS A CLIENT

To help us work well together, you are expected to:

- 1. Be Respectful**
Treat staff, other clients, and partners kindly and fairly.
- 2. Help Keep Everyone Safe**
Do not harm, threaten, or harass anyone. These actions may be against the law.
- 3. Respect Others' Privacy (if participating in a group)**
Keep private any personal information you hear about other clients.
- 4. Tell the Truth**
Share accurate and complete information when asked. This helps us know what services you qualify for.
- 5. Tell Us About Changes**
If something big changes—like your address, income, or family size—tell us within 10 days.
- 6. Follow Program Rules**
You can say no to services. But if you are part of a specific program, you have to follow its rules. If not, you might be removed from that program.
- 7. Show Up or Call Ahead**
Do your best to go to your appointments. If you cannot make it, call ahead to reschedule.

CLIENT RIGHTS & RESPONSIBILITIES STAFF GUIDANCE

Note: Funder and/or program guidelines may require other specific forms or fields to be completed.

PURPOSE

This guidance helps staff understand the importance of discussing *Client Rights & Responsibilities* and *Privacy Practices* with clients enrolled in U.S.-based programs. It outlines when to have these conversations and offers strategies to make them meaningful.

These policies and their related forms play a critical role in building client trust, promoting safety, and empowering clients through knowledge of U.S. service systems. When used effectively, they support engagement, rapport, and successful collaboration.

WHO SHOULD RECEIVE THE REVIEW?

Review Client Rights & Responsibilities and Privacy Practices with the following individuals at entry into services:

- **Adults:** Each adult client individually
- **Youth 13–17:**
 - If entering services independently (without guardian consent): review with the youth
 - If services require guardian consent: review with both youth and caregiver
 - See sample [Unaccompanied Refugee Minor Program Guide](#) that covers the roles and responsibilities of those involved
- **Children under 13:** Review with caregiver/guardian

WHY IT MATTERS

Discussing Client Rights & Privacy Practices:

- Builds safety and trust, especially for clients with past rights violations
- Educates clients on what to expect from service providers in the U.S.
- Empowers clients to respond to rights violations
- Clarifies how client information is used, reducing distrust
- Helps clients make informed decisions about what to share
- Sets expectations for client participation, reducing potential issues
- Establishes a shared understanding for when confidentiality must be broken or accountability enforced
- Demonstrates respect and care for clients' well-being

WHEN TO REVIEW

Ideally, review at the first intake, orientation, or assessment.

If a client is already enrolled in another program, check their file before repeating the review. The Rights and Responsibilities form should be easily accessible by all programs and located in the client file for each program the client may be enrolled in. Re-review if:

- The client doesn't appear to understand the information;
- The client is re-entering services after a long break; or
- The client's situation, goals, or services change (e.g., client exiting program or services prematurely).

HOW TO REVIEW

Individual conversations are best for building trust, though group sessions are acceptable. The goal is client understanding.

METHODS:

- For literate clients: Provide translated written materials and a brief verbal review with time for questions.
- For pre-literate clients: Provide translated audio/video materials and a brief verbal review with time for questions.
- For in-depth review: Use a same-language staff member or a professional interpreter.

SUGGESTED SCRIPT:

Before I ask you any questions today, I want to make sure you understand your rights. It's important to us that you know what to expect, how you'll be treated, what to do if something doesn't feel right, how we keep your information private, and what we expect from you. Please ask if anything is unclear.

HELPFUL TIP:

Even if previously reviewed, consider a quick refresh when clients join new programs:

When you first started with us, someone may have gone over your rights. I'd like to quickly review them again so you know what to expect from me and can ask questions.

Use a warm, conversational tone. Paraphrase where helpful and use culturally appropriate language or examples. For instance: *I won't share your information with anyone—not your family, boss, or friends—unless you tell me in writing that it's okay.*

Pause often to check understanding and invite questions. Always offer clients a copy of the forms in English and their preferred language.

TRACKING ACKNOWLEDGMENT

Always document that the review occurred and that the client understood. This may be contractually required and is a best practice for quality care. Options include:

- Client signature on an Acknowledgment Form (paper or electronic, e.g., DocuSign).
- Verbal acknowledgment noted by staff with date/time and interpreter use, if applicable. File a copy of the Right and Responsibilities (or speaking points on it) to indicate what was discussed with the client.

Always seek out your supervisor or program lead for any additional requirements and questions that may arise.

REFERRAL FORM SAMPLE

Note: Funder and/or program guidelines may require other specific forms or fields to be completed

Referral Information (if applicable)			
Referring Organization:		Date of Referral:	
Address:	City:	State:	Zip:
Contact Person:	Phone:	Email:	
Referral Notes:			

PARTICIPANT INFORMATION

We do not accept non-consenting referrals. Please seek consent before sending this referral.

Has the potential participant been informed of referral? ☐ Yes ☐ No

Contact Information		
First Name:	Last Name:	DOB:
Phone:	Other Contact (email, WhatsApp, etc.):	
May we leave a voice mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address:		Apt:
City:	State:	Zip:
Sex:		
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer		
Preferred Language(s) of Service:		

Household Members (if applicable)				
Name	Relationship to Head of Household	DOB	Age	Sex

(EXTERNAL REFERRAL: 2ND PAGE SAMPLE)

Primary reason for the referral:

--

Please send referral to: [provide the secure and confidential way to send the referral]

If possible, please let potential participant know that someone should reach out via [method of contact] within [number of hours/days]. [If calling, you may also want to describe how the number or calling agency will appear on their phone, so they are more likely to pick up.]

[Agency may also choose to give potential participant additional information about this referral by linking linguistically accessible brochures, websites, etc. here.]

(INTERNAL REFERRAL: 2ND PAGE SAMPLE)

Reason for Referral:

- ☐ Build client skills to improve ways of thinking, feeling, and behaving
- ☐ Mental health consultation for complex or urgent cases
- ☐ Other (Please fill out information in box below)

Please explain what your concerns are regarding this client:

How urgent is the client's need?

- ☐ Low ☐ Moderate ☐ High ☐ Critical (if a client is in immediate danger, call 9-1-1)

Please submit the completed referral form to _____. If you have any questions or concerns regarding the referral please reach out to _____ at _____.

EXPLANATION OF SERVICES TEMPLATE

Note: Funder and/or program guidelines may require other specific forms or fields to be completed.

Thank you for seeking services at [organization]. [Brief description of organization.]

Below is a description of the types of services you can hope to receive as a client enrolled in [program name], along with general information about how we operate. Please be sure and ask your caseworker if you have any questions or concerns about the information presented here.

The goal of our services is [list goal(s)].

To achieve our goal, we first seek to understand your needs, goals, and priorities. Then we work with you to figure out how together we can take actions to achieve these goals. The types of actions we typically take as part of the case management process are:

- [Action]
- [Action]
- [Action]
- [Action]
- [Action]

The types of things our caseworkers cannot do are:

- [Example]
- [Example]
- [Example]

Our case management services are tailored for each client, so services may look different for each client. Clients may have different goals and priorities, and the services and resources that they are eligible for may also be different.

The outcome of services often depends on other systems and available resources, and for that reason, we cannot guarantee any specific outcome.

Our days and hours of operation are:

The best way to reach your caseworker is:

It typically takes caseworkers [amount of time] to respond to messages. Caseworkers will not respond after work hours or on weekends.

If you have an urgent need, you can [list options if any].

INTAKE TEMPLATE

Note: Funder and/or program guidelines may require other specific forms or fields to be completed.

Date of Intake:	Caseworker:

Referral Information

Referral Information if Applicable			
Referral Organization:			Date of Referral:
Address:	City:	State:	Zip:
Referral Contact:	Phone:	Email:	
Referral Notes:			

Eligibility Information

Eligibility Information if Applicable:
List eligibility criteria:
List eligibility criteria:
List eligibility criteria:
List eligibility criteria:

Demographics

Contact Information		
First Name:	Last Name:	DOB:
Phone:	Other Contact (email, WhatsApp, etc.):	
Street Address:		Apt:
City:	State:	Zip:
Sex:		
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer		
Language(s):		
Date of Arrival in U.S.:	A#:	Immigration Status:

Household Members				
Name	Relationship to Head of Household	DOB	Age	Sex
	Head of Household			

COMPREHENSIVE ASSESSMENT TEMPLATE

Note: Funder and/or program guidelines may require other specific forms or fields to be completed.

Date of Assessment:	Caseworker:
----------------------------	--------------------

Directions: Complete this form with **adults** and independent older adolescents in order to understand needs and priorities, as well as track services being delivered. This form **MUST BE KEPT CONFIDENTIAL** and can only be shared if the client signs a release of information or if the client is a danger to themselves or others.

Introduction: “My name is _____ and I am a caseworker in [program name]. [Describe program or organization.]

To find out how I can best help you, it will be important for me to gather some information from you. Would it be OK if I ask you a few questions?

Great. Once I get some information, I’ll ask you about which problems are most urgent to you right now and which ones you want to tackle first; then we’ll work together to decide next steps.

Everything you tell me and any notes I take are confidential. This means that I will not tell anyone what you tell me unless you ask me to or unless it’s information that I need to share because someone is at serious risk of harm.

Do you have any questions before we get started?”

NEEDS AND PRIORITIES

Below are guided questions or prompts to assist you in completing an initial assessment. You do not have to ask all of the questions. The most important thing is to connect with the individual/family and learn more about their needs, concerns, and strengths. Assess for language skills first to determine the need for an interpreter for the duration of this assessment.

LANGUAGE SKILLS	
<p>Can you tell me the language you feel most comfortable speaking in?</p> <ul style="list-style-type: none"> ○ Are you able to understand any [language]? <p>Do you know any [language] phrases or words?</p> <p>Do you have any trouble in day-to-day situations (e.g., employment, children's school, using public transportation, etc.) because of limited language skills?</p> <ul style="list-style-type: none"> ○ Do you have any friends or family that can help you when you need to use [language]? ○ Do you know when and how you can access interpreters? 	<input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other
Notes:	

Area of Concern	Level of Urgency
Presenting Issue	
<p>Before we get started, is there anything you want to discuss first?</p> <p>What are you hoping this program can help you with?</p>	<input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other
Notes:	

Physical Health	
<p>Do you have any current concerns about your or your family members' physical health?</p> <p>Do you know how to get physical health care if you need it?</p> <p>Do you have any health condition where you need to take regular medication? If so, do you have this medication or know to get it?</p>	<p><input type="checkbox"/> Urgent</p> <p><input type="checkbox"/> Important but not urgent</p> <p><input type="checkbox"/> Not important</p> <p><input type="checkbox"/> Other</p>
<p>Notes:</p>	

Mental Health – When applicable, you can use the [RHS-15](#) as a screener.

Do you have any concerns about how you or a family member might be coping emotionally?

How are you managing any stressors in your life?

How do you spend most days?

What are things you enjoy doing?

Are you concerned about any of your children's development or behavior?

Do you have any concerns about your or a family member's use of drugs or alcohol?

Do you have any concerns about how you or a family member might be coping emotionally?

How are you managing any stressors in your life?

How do you spend most days?

What are things you enjoy doing?

Are you concerned about any of your children's development or behavior?

Do you have any concerns about your or a family member's use of drugs or alcohol?

- ☐ Urgent
- ☐ Important but not urgent
- ☐ Not important
- ☐ Other

Notes:

Communication	
<p>What is the best way for me to contact you? Phone, email, etc.?</p> <p>Do you (or does your household) have access to technology/ communication methods (computer, phone, etc.) at home?</p> <ul style="list-style-type: none"> ○ Do you (or does your household) have access to phone service? ○ Do you (or does your household) have access to Internet service? ○ If so, which provider do you have for phone and/or Internet? ○ If not, are you able to access that somewhere else (school, library, etc.)? <p>Are there times when you don't have access to your [communication methods] or it doesn't work?</p> <ul style="list-style-type: none"> ○ If I cannot reach you on your [preferred contact method], is there someone else I can contact to get in touch with you? <p>Do you feel like you can use your [communication methods] easily?</p> <p>Do you know how to do most things on your [communication method]? Send a text, make a call, send an email, etc.?</p>	<div> <input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other </div>
<p>Notes:</p>	

Community Safety	
<p>Do you feel safe navigating your community, meaning doing things like walking around the area where you live, going to the grocery store, going to a bus stop, etc.?</p> <p>Are there places in your community where you feel uncomfortable or unsafe?</p> <p>If you are feeling unsafe in your community, what do you do?</p> <ul style="list-style-type: none"> ○ Are you able to call anyone? ○ Would you feel comfortable calling emergency response services like the police, firefighters, or emergency medical personnel? 	<input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other
Notes:	

Relationship Safety	
<p>Can you tell me about your relationship with your family members (partner, children, parents, etc.)?</p> <p>Do you ever feel unsafe in those relationships?</p> <p>Do you feel unsafe in your residence? (If so, how often?)</p>	<input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other
Notes:	

Support Systems	
<p>Can you tell me about people in your life that you can talk to?</p> <p>○ Are you able to reach out to them whenever you need support?</p> <p>Do you belong to any community groups or organizations?</p> <p>Can you tell me about your faith and the role it plays in your life?</p>	<p><input type="checkbox"/> Urgent</p> <p><input type="checkbox"/> Important but not urgent</p> <p><input type="checkbox"/> Not important</p> <p><input type="checkbox"/> Other</p>
<p>Notes:</p>	

Rights and Resources	
<p>Do you have all of your identification documents?</p> <p>○ If not, who has them? Are you able to get them when you need them?</p> <p>If you need to access money or resources, are you able to do that on your own?</p> <p>How do you manage your finances?</p> <p>○ Who is responsible for paying bills?</p>	<p><input type="checkbox"/> Urgent</p> <p><input type="checkbox"/> Important but not urgent</p> <p><input type="checkbox"/> Not important</p> <p><input type="checkbox"/> Other</p>
<p>Notes:</p>	

Basic Needs	
<p><i>Housing</i></p> <p>Can you tell me about where you currently live? Who do you live with?</p> <ul style="list-style-type: none"> ○ Does everyone have a place to sleep in your home? ○ Do you need to pay for your housing? If so, are you able to pay each month? <p>Do you have any concerns about the safety or upkeep of your housing (e.g., mold, infestations, repairs needed, etc.)?</p> <p><i>Food</i></p> <p>In the past month, have you worried that you would not have enough food?</p> <p>Did you have to decrease the amount of food you wanted to eat because there was not enough food available to you?</p> <ul style="list-style-type: none"> ○ Were you unable to eat the kinds of food you preferred? ○ Were you able to eat different types of food, like fruits, vegetables, grains, and meats/beans? <p><i>Transportation</i></p> <p>How do you usually get from one place to another?</p> <p>How do you locate and reach new destinations?</p> <p>Do you have access to transportation when you need it?</p> <ul style="list-style-type: none"> ○ What makes it hard for you to get transportation when you need it? <p>Have you had difficulty getting transportation to work, doctor's appointments, or other places when you need it?</p> <ul style="list-style-type: none"> ○ What makes it difficult? 	<input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other
<p>Notes:</p>	

Employment	
<p>How do you currently earn money?</p> <p>Tell me about your job.</p> <ul style="list-style-type: none"> ○ How many hours do you work per day and week? ○ Do you get paid for all of the hours that you work? ○ Do you have the documentation you need for working? <p>Do you know your rights as a worker?</p> <p>Has anyone where you work ever hurt you or threatened you?</p> <p>Do you make enough money to provide for your/your family's needs?</p> <p>Are you facing any challenges that make it hard for you to work?</p>	<input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other
<p>Notes:</p>	

Legal Needs	
<p>Do you have any issues that may require a lawyer to resolve or may involve a court (divorce, discrimination, arrest, etc.)?</p> <p>Are you working with an attorney/lawyer for any issues not related to immigration?</p> <p>Do you have any questions about legal needs?</p>	<input type="checkbox"/> Urgent <input type="checkbox"/> Important but not urgent <input type="checkbox"/> Not important <input type="checkbox"/> Other
<p>Notes:</p>	

Immigration Needs	
<p>Are you working with an attorney/lawyer for any issues related to your immigration history or status?</p> <p>Do you know what your immigration status is?</p> <ul style="list-style-type: none"> Do you have any questions about your immigration status or history? <p>Do you have any issues that may require a lawyer to resolve or may involve a court?</p>	<p><input type="checkbox"/> Urgent</p> <p><input type="checkbox"/> Important but not urgent</p> <p><input type="checkbox"/> Not important</p> <p><input type="checkbox"/> Other</p>
Notes:	

Self-Efficacy and Advocacy	
<p>Can you tell me about what you do when you're faced with a challenging situation?</p> <p>When things don't go how you had hoped or planned, how do you respond?</p>	<p><input type="checkbox"/> Urgent</p> <p><input type="checkbox"/> Important but not urgent</p> <p><input type="checkbox"/> Not important</p> <p><input type="checkbox"/> Other</p>
Notes:	

Map agencies and services to which the client is already connected (*consider ROIs where appropriate*)

<i>Service</i>	<i>Name/Location</i>	<i>Frequency/Details</i>

Assessment

General Assessment
Client Priorities
Client Strengths
Barriers

INDIVIDUAL SERVICE PLAN TEMPLATE

Note: Funder and/or program guidelines may require other specific forms or fields to be completed.

Client Name:	Date:
Case Number:	Enrollment/Review Date:

*Include client's voice and choice, using quotes where possible.
Seek to understand which goals are the highest priority for the client.*

Goal:	
Strengths the client can use to reach goal:	
Barriers:	
Resources/referrals needed:	
Next steps for client:	
Next steps for caseworker:	
Date of expected completion:	

Goal:	
Strengths the client can use to reach goal:	
Barriers:	
Resources/referrals needed:	
Next steps for client:	
Next steps for caseworker:	
Date of expected completion:	

Goal:	
Strengths the client can use to reach goal:	
Barriers:	
Resources/referrals needed:	
Next steps for client:	
Next steps for caseworker:	
Date of expected completion:	

Frequency of meetings:

Location of meetings:

BASIC SAFETY PLAN

Warning signs (thoughts, images, moods, situations, behaviors) of a crisis:	
1	
2	
3	

Internal coping strategies (relaxation techniques, physical activity, prayer):	
1	
2	
3	

People and places that provide distraction:	
1 Name:	1 Phone:
2 Name:	2 Phone:
3 Name:	3 Phone:

Professionals or agencies who can help:	
1. Name:	1. Phone:
Emergency Contact:	
2. Name:	2. Phone:
Local Urgent Care:	
	Address:
	Phone:
Mental Health Support & Crisis Hotline: 9-8-8:	

Ways to make the environment safe:
1
2
3

One thing that is most important to me:
1

CASE CLOSURE FORM TEMPLATE

Note: Funder and/or program guidelines may require other specific forms or fields to be completed.

Date Case Opened:	Date Case Closed:	Number of Sessions:
Reason the case is being closed:	<input type="checkbox"/> Goals completed <input type="checkbox"/> Client no longer able to be reached <input type="checkbox"/> Client declines services <input type="checkbox"/> Client moved <input type="checkbox"/> Client deceased <input type="checkbox"/> Transfer to another agency <input type="checkbox"/> Other	
Case summary:		
List any additional referrals given to client or connection to services:		
Additional information:		
Client has been informed they can return to services at any time. <input type="checkbox"/> Yes <input type="checkbox"/> No		

UNIVERSAL CONSENT AND RELEASE FOR USE OF IMAGE

I, _____, hereby grant the organization named below, along with its employees, representatives, partners, affiliates, assigns, licensees, and successors, the right to use my image and likeness and any audio/visual representation of me in support of its mission or activities. This includes, but is not limited to, photographs, digital images, video and audio recordings, and multimedia content.

I understand and agree that:

- The organization owns all materials that include my image or likeness.
- These materials may be used in any format or media (print, digital, online, etc.) and may be modified or combined with other content.
- Examples of use include websites, publications, promotional content, fundraising materials, reports, educational materials, and public exhibits.
- I will not receive payment or compensation for the use of my image, likeness, or voice.

I release and hold harmless the organization, its representatives, affiliates, assigns, licensees, and any third parties authorized to use or publish these materials, from any and all claims, including but not limited to:

- Defamation
- Invasion of privacy
- Misuse or misrepresentation
- Violation of moral rights, publicity rights, or copyright

I confirm that I have read and fully understand this Consent and Release and that I sign it voluntarily.

Organization Name: _____

Name (Print): _____

Signature: _____

Date: _____

Parent/Guardian Consent (for minors)

I am the parent or legal guardian of _____, a minor whose image or likeness may be used as described above. I have the legal authority to provide this consent and agree to the terms on behalf of the minor.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

LEGAL INFORMATION IN CASE MANAGEMENT

Forcibly displaced individuals living in the United States may be eligible for certain rights and protections under U.S. law. These may include protection from return to harm, access to employment, travel documents, family reunification pathways, education, legal representation, and protection from deportation in certain legal statuses.

Because immigration law and policy are subject to change, always consult official government sources—such as U.S. Citizenship and Immigration Services (USCIS) and the U.S. Department of Justice—as well as reputable legal advocacy organizations for the most current guidance.

Key Definitions

- A **refugee**, as defined in the Immigration and Nationality Act (INA) § 101(a)(42), is a person who is unable or unwilling to return to their country of origin due to a well-founded fear of persecution based on race, religion, nationality, membership in a particular social group, or political opinion.
- An **asylum seeker** is someone who is seeking protection under U.S. or international law but has not yet received a final decision on their application. While not all asylum seekers are granted protection, every refugee was initially an asylum seeker. See INA § 208 for more information.
- **Humanitarian parole**, authorized under INA § 212(d)(5)(A), allows individuals to enter the United States temporarily for urgent humanitarian reasons or significant public benefit. It does not confer permanent immigration status and typically requires additional legal steps to remain lawfully in the country.

The Role of Caseworkers: Legal Boundaries

Caseworkers **must not provide legal advice** or engage in activities that could be considered the unauthorized practice of law (UPL). UPL laws vary by state but generally include giving individualized legal advice or representing someone in legal proceedings without appropriate credentials. Even when well-intentioned, UPL can result in legal penalties for both the individual and the organization.

What Caseworkers Can Do

In programs that provide access to legal training or materials vetted by qualified legal professionals, caseworkers may take on certain non-legal support roles. These include:

- **Sharing general legal information** from verified, client-facing sources (e.g., program-approved handouts or materials reviewed by legal experts)
- **Describing legal processes** in broad, non-individualized terms (e.g., outlining general steps in the asylum process or explaining how someone might request a replacement document)
- **Connecting clients to legal resources**, such as legal aid organizations, pro bono services, legal clinics, or information sessions
- **Assisting with document collection** when done in collaboration with or at the direction of a licensed legal representative or legal service provider

- **Reinforcing the importance of documentation**, including maintaining current personal records and safely storing legal papers
- **Providing emotional support**, offering a safe and respectful space for clients to express concerns and stress related to legal matters, without interpreting or advising on those matters

When in doubt, consult a supervisor or legal partner. When legal questions arise, the best support caseworkers can offer is often a warm referral to a qualified legal provider.

CASE MANAGEMENT AND LEGAL INFORMATION

DOs	DON'Ts
Recommend that a client contact a qualified attorney or legal service provider	Negotiate on behalf of a client in legal contexts
Share vetted, client-facing legal information and resources	Interpret the law or explain legal implications
Provide vetted information on how to complete forms such as a Change of Address (Form AR-11), but do not fill out the form for the client	Apply legal information to a client's specific situation
With training, explain the general purpose of certain documents (e.g., a Notice to Appear is a court summons)	Fill out legal forms on behalf of the client
Provide access to information on typical timelines (e.g., USCIS processing times or immigration court backlogs)	Represent a client in immigration or other legal proceedings
With training, help clients understand how to navigate the immigration system by sharing approved, regularly updated legal information	Give legal advice—this includes suggesting legal strategies or interpreting eligibility for immigration relief
Keep clients informed about changes to immigration policies and procedures using vetted materials (e.g., legal aid-developed handouts)	Recommend specific forms of legal relief or alternative immigration options
Provide referrals to legal aid organizations, immigration attorneys, or nonprofit legal services	Tell a client how long their case will take or what decision to expect
	Speculate on the outcome of a client's case

