

## CASE FILE FACE SHEET – TRIBAL VICTIM SERVICES

Intake Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  New Client  Returning Client – Prior Intake Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Indian or Preferred name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Tribe: \_\_\_\_\_

Parent/Guardian/Authorized Rep: \_\_\_\_\_ CDIB #: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_  
 Okay to leave messages  Okay to leave messages  Okay to leave messages

Medical Concerns/Allergies: \_\_\_\_\_

**EMERGENCY CONTACT** -  Release of Information on File – Expires: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_  
 Okay to leave messages  Okay to leave messages  Okay to leave messages

CASE FILE DOCUMENTATION & ORGANIZATION			RELEASES OF INFORMATION ON FILE	
TVS	Mgr Initial Reviewed	Date	To/From	Expires
<b>Section 1</b>	<input type="checkbox"/> Face Sheet/Chart Order <input type="checkbox"/> Intake <input type="checkbox"/> BioPsychoSocial <input type="checkbox"/> Consent Form <input type="checkbox"/> Tribal ID <input type="checkbox"/> Address Verification			
<b>Section 2</b>	<input type="checkbox"/> Case Activity Log <input type="checkbox"/> Service Plan <input type="checkbox"/> ROI			
<b>Section 3</b>	<input type="checkbox"/> Financial <input type="checkbox"/> Police Reports <input type="checkbox"/> Court Records <input type="checkbox"/> Correspondence			
<b>Sec 4</b>	<input type="checkbox"/> Case Notes <input type="checkbox"/> Old Chart			
NOTES			Tx/SERVICE/CASE PLAN	Expires
			Initial Tx/Service/Case Plan	
			Mod/Review Date _____	
			Mod/Review Date _____	
			Mod/Review Date _____	
			Mod/Review Date _____	
			Mod/Review Date _____	
			Mod/Review Date _____	