

**TCM Needs Assessment**

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SED determination was established by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_ due to the following presenting

problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Previous Treatment History:

Place of Treatment Date of Service Response to Treatment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Initial Overview of Client and Family Needs:

Client Strengths/Interests:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Housing ->** Needs and Functioning Ability

Housing Referrals \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Utility assistance \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Food resources \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Furniture resources \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Transportation \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Clothing resources: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Other: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Summary:

**Vocational->-** Needs and Functioning Ability

Vocational Rehabilitation: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Vocational Training Programs \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Job Fairs \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Disability/SSI \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Other: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Summary:

**Medical->** Needs and Functioning Ability

Dentist: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician/Pediatrician: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Side Effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adverse reactions to any known allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past and current use of nicotine (how much)\_\_\_\_\_\_\_ alcohol (how much) \_\_\_\_\_\_\_\_ substance abuse (how much) \_\_\_\_\_\_\_\_\_\_\_

BHP: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapeutic Group: \_\_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Behavioral Health Evaluation: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Psychiatrist: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Mental Health Therapist: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech Therapist: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Therapist: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational Therapist: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug/alcohol assessment: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Nutritionist/dietician: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other physical health specialist: \_\_\_Existing \_\_\_ Needed\_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_Existing \_\_\_ Needed

Summary:

**Social->** Needs and Functioning Ability

Recreational activities \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Boy/Girl Scouts, YMCA, etc. \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Other: \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Summary:

**Educational**-> Needs and Functioning Ability

IEP \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

School Supplies \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

3 C’s/childcare/afterschool programs \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Tutoring \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Other: \_\_\_Existing \_\_ Needed \_\_\_\_ NA

Summary:

**Natural Support System**

Name Relationship to client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Community Services and Supports->** Needs and Functioning Ability

CDW/DJJ worker \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPS (past and current) \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boy/Girl Scouts, YMCA, etc. \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

AA/NA, etc. resources \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Support/Resource Groups (NAMI, FEAT etc.) \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

First Steps \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Michelle P/SCL\_ \_\_Existing \_\_\_ Needed \_\_\_\_ NA

Independent living programs/plans \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Safe Place or other short term crisis resources \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Parent/Grandparent/Adoption support resources \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Mentoring programs, such as Big Brothers, etc. \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Legal assistance resources (child support, guardianship, DV intake center, immigration etc.) \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Financial assistance (i.e. LHEAP, LGE payment plan) \_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Other: \_\_\_\_\_Existing \_\_\_ Needed \_\_\_\_ NA

Summary:

**Safety**

Are there safety concerns? \_\_\_  yes or \_\_\_  no. If yes  explain further\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Are there precautionary measures that providers should take? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Are there weapons in the home?  \_\_\_\_\_ yes or \_\_\_\_  no. If yes are they locked in a secure place?   \_\_\_\_\_ yes or \_\_\_\_  no.  
   
Is there a DVO in place?   \_\_\_\_\_ yes or \_\_\_\_  no. If yes when does it expire? \_\_\_\_\_\_\_\_\_\_ Who does it involve?\_\_\_\_\_\_\_\_\_\_\_\_  
   
Are there custody issues?   \_\_\_\_\_ yes or \_\_\_\_  no If yes explain further\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are there any safety issues that providers should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TCM plan to respond to client’s assessed needs:

Interview Conducted with: \_\_\_parent/guardian \_\_\_client interview

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_