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ATAP Case File Summary & Recommendations

(Complete this form using information contained in the eligibility and case management records and in consultation with the client)

Case Name: ______________________________
Case Number: ____________________
Client ID Number:_____
Household Type: ☐ Single Parent, ☐ 2-Parent, ☐ INCAP, ☐ 2P-INCAP
Household Size: ___ Adults (Ages: __ __) ___ Children (<18) (Ages: __, __, __, __, __,)
Months of Temporary Assistance Used:___
Date of Most Recent FSSP: _____ EPI: _____
Interpreter Needed: ☐ Yes ☐ No Name and Number: ________________________________

Type of Review
- ☐ 36-Month Service Review
- ☐ 48-Month Time Limit Review
- ☐ 58-Month Extension Review

Date of Review: _____
Persons completing summary:

____
(name and title)

____
(name and title)

Part I. Client Profile

This portion of the summary should be completed with your client. Please document the client's strengths and the current issues affecting family self-sufficiency, the client's needs for the next 6 months, the planning steps in the event the family's lifetime limit is reached, and the availability of community and family supports.

1. What personal strengths have been identified by the client to aid them in achieving economic self-sufficiency?

2. What services and/or supports has the client identified as needing to assist their efforts toward achieving self-sufficiency?

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3. In the event the 60-month time limit is achieved, what plans have been developed by the client to support his/her family?

Part II. Self-Suffiency Information

1. Review of Clients' Screening and Assessment History (extenuating circumstances, education, screenings, whether client has been assessed or referred for treatment, and resulting outcome)

	Screened (date)	Assessed (date)	Referred for Treatment (date)	Outcome
Mental Health	_____	_____	_____	________________
Substance Abuse	_____	_____	_____	________________
Learning Disability	_____	_____	_____	________________
Domestic Violence	_____	_____	_____	________________
DFYS Involvement	_____	_____	_____	________________
High School Diploma/GED	_____	_____	_____	________________
Limited English Proficiency	_____	_____	_____	________________
Other ______________________	_____	_____	_____	________________

TABE: _____ Reading _____ Math _____ Language

Medical/Health Problems ____

____

____

Caring For Disabled Adult/Child ______________________________________

____

____

Additional information (i.e. TA 10s, Fraud Findings etc.):

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2. Supportive Services Provided in last 90 Days:
   a. Child-care ☐ Yes ☐ No
   b. Transportation ☐ Yes ☐ No
   c. Work Clothing ☐ Yes ☐ No
   d. Tools ☐ Yes ☐ No
   e. Other ____ ☐ Yes ☐ No

3. Penalty History (if any):
   a. Ever been penalized? ☐ Yes ☐ No
   b. Currently under penalty? ☐ Yes ☐ No
   c. If penalized, explain why, what actions were taken, any outreach efforts made to re-engage client, and the date the penalty ended or was cured.

4. Job Quit History (if any):
   a. Ever quit a job and been disqualified? ☐ Yes ☐ No
   b. If disqualified, explain reason and date of job quit, and length of disqualification period:

5. Most Recent Home Visit (if any):
   Date Attempted: _____ Date Completed: _____
   Findings:

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6. Appointment Attendance History (Provide a brief statement summarizing participation/attendance at appointments with Case Manager, and Eligibility Technician.:

Part III. Employment History

1. Currently Employed: Yes No
2. Work History:

Employer: ______ Position: ______ Location: ______ Dates of Employment: ______ Average Hours/Week: ______ Wage: ______ Reason for Leaving: ______	Employer: ______ Position: ______ Location: ______ Dates of Employment: ______ Average Hours/Week: ______ Wage: ______ Reason for Leaving: ______
Employer: ______ Position: ______ Location: ______ Dates of Employment: ______ Average Hours/Week: ______ Wage: ______ Reason for Leaving: ______	Employer: ______ Position: ______ Location: ______ Dates of Employment: ______ Average Hours/Week: ______ Wage: ______ Reason for Leaving: ______

3. Work and FSSP Activities (List All):

				# of hours/week
a.	Paid Employment	☐ Yes	☐ No	___
b.	Subsidized Employment	☐ Yes	☐ No	___
c.	Community Work Experience	☐ Yes	☐ No	___
d.	Job Skills Training	☐ Yes	☐ No	___
e.	Job Sampling	☐ Yes	☐ No	___
f.	OJT	☐ Yes	☐ No	___
g.	Train-to Hire	☐ Yes	☐ No	___
h.	Work Search	☐ Yes	☐ No	___
i.	Volunteer	☐ Yes	☐ No	___
j.	ESL Classes	☐ Yes	☐ No	___

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		Yes	No	
k.	Barrier Removal	☐ Yes	☐ No	___
l.	Job Preparation	☐ Yes	☐ No	___
m.	High School/GED	☐ Yes	☐ No	___
n.	Post Secondary	☐ Yes	☐ No	___
o.	Job Retention Services	☐ Yes	☐ No	___
p.	Referral for Subsidized Housing	☐ Yes	☐ No	___
q.	Referral for Pregnancy Prevention Servics	☐ Yes	☐ No	___

r. Other Work or FSSP Activity ______________________________

s. Other Work or FSSP Activity ______________________________

Part IV. Budget Analysis – If ATAP is minimal (<$200/month) discuss with the client the benefit of closing ATAP or refusing cash and continuing with FS/ME, subsidized housing, etc.

See following page

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Budget Worksheet

Resources

Monthly Income		Other Resources		Household Totals	
ATAP		Food Stamps		Income	$ -
APA/SSI		Energy Assist.		Expenses	$ -
Earned Income		PFD		Difference	$ -
Other		Child Support			
Other		Other			
total	$ -	total	$ -		

Hrly Wage To Replace Welfare

Expenses

Home		**Entertainment**		**Family Expenses**	
Rent/mortgage		Movies		Clothing	
Fuel oil		Clubs		Food	
Electricity		Meals Out		Hygiene	
Telephone		Evening out		**Personal Items**	
Cable		**Transportation**		Hobbies	
Water/Sewer		Car payment		Lunch at work	
Furniture		Gas		Internet	
Pets		Insurance		Cigarettes	
Cleaning Supplies		Repairs		Electronics	
Laundry/Cleaning		Maintenance			
Newspaper/mags		Bus Pass		**Seasonal**	
Other		Taxi		Holiday	
Other		Parking		Winter clothing	
Consumer Loans		Other		Vacation	
Store credit card		**Children**		Sports fees/gear	
		Childcare		Other	
		Diapers			
Bank credit card		Toys			
		School activities			
		School supplies			
Student loan		Lunch Money		**subtotal**	0
Alaska/Stafford		Birthdays			
Debts to others		Child Support			
subtotal	0	**subtotal** 0	0	**Total**	0

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Part V. Summary of Findings and Recommendations

1. Names of Individuals Participating in Review

Case Manager: ______________________________

WDS/Eligibility Worker: ______________________________

DPA Supervisor: ______________________________

Other: ______________________________

Other: ______________________________

2. Findings and Recommendations: (note issues discovered and recommendations developed, needed changes to FSSP, supportive service needs, referrals, additional screening assessments or referrals, etc):

Case Manager ________________________ ________________________

Name Signature

Review Completion Date ________________

Copy to: Eligibility File Case Management File