

**CHILD**  
 SOUTH CAROLINA TCM CLIENT MEDICAL RECORD

Unique Caring Foundation

Service Provided: Targeted Case Management

Use PIE Format (Goal, Intervention, Outcome)

Purpose/Goal # ___ from the Case Management Plan	Staff Intervention Include what staff did to assist consumer and how the consumer responded. Indicate progress towards the goal.  <i>***Please indicate where the service took place.</i>	Total Time for This Goal
	<b>Description of Intervention(s):</b> <i>Person with who contact occurred and relationship to beneficiary.</i>	
<b>Type of Contact:</b>		
Face to face <input type="checkbox"/>	<b>Effectiveness/Outcome:</b>	
Over the Phone <input type="checkbox"/>		
Other <input type="checkbox"/> Explain:		
<b>Type of Case Management:</b>		
<b>Target Group:</b>	AT RISK CHILDREN	
<b>Please see types below: #</b>	<b>Next Step:</b>	
<b>Location address of the face to face contact with <i>Beneficiary/Guardian</i>:</b>		

**Type of Case Management:**

1. Assessment      2. Care Planning      3. Referral & Linkage      4. Monitoring & Follow Up

**Target Group:**

1. At Risk Children

Case Manager Name (Printed): \_\_\_\_\_ Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_