

STATE INCOME FOR PREGNANCY & PARENTING CARE PLAN

Client: DOE , JANE

Client ID#:

1234567890

Admission Date:

05-23-2008

01 Income

Potential Problem

Family

Initial Rating K B S
 Target Outcome K B S

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TP	Finances	Other * 5 * Insurance = Self Pay /pending/ no insurance
TP	Finances	Other * 1 * Insurance = private insurance
TP	Finances	Other * 2* Insurance = Medical asst.
TP	Finances	Other * 3* Insurance = Minnesota Care
TP	Finances	Other * 4* Insurance = other insurance
CM	Finances	Community Resources * 6* Referral for Prenatal Client re: insurance resources Please include any information given to a client verbally or formal referrals to organizations.
S	Finances	Use of Available Resources * 7* Follow up on insurance resources
TP	Home	Other * 8* Upon enrollment Client has changed addresses more than 2 times in the past 12 months.
CM	Finances	Community Resources * 9* Referral to housing resources. (ie. SW, County, Financial)
S	Finances	Use of Available Resources * 10 * f/u on housing referral
TP	Finances	Other * 11 * Upon intake Client is not fully food secure.
CM	Finances	Community Resources * 12* Referral for food resources. (include verbally giving phone number for food shelf, WIC, MAC or how to enroll for food stamps)
S	Finances	Use of Available Resources * 13* f/u on referral for food resources.
TP	Education	Other * 14 * Client is less than 20 and is attending high school or working towards a GED.
TP	Employment	Other * 30 * No employed adults in the household

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
TP	Employment	Other * 31 * 1 employed adult in the household
TP	Employment	Other * 32 * 2 or more employed adults in the household