

**St Louis County Public Health  
CLIENT CARE PLAN**

**Client:** Pathway , Head Start

**Client ID#:** 1137429746  
**Admission Date:** 01-16-2006

01 Income Potential Problem Individual

**Admission Rating**                    **K**    **B**    **S**  
**Desired Outcome**                    **K**    **B**    **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
CM	Finances	Community Resources Assess for / refer to: WIC, health insurance, income/employment, food stamps, fuel assistance, food buying programs/food shelf.

03 Residence Potential Problem Individual

**Admission Rating**                    **K**    **B**    **S**  
**Desired Outcome**                    **K**    **B**    **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
TGC	Safety	Other Secondhand smoke, storage of weapons, lead, smoke alarms, pet safety, well water.

06 Communication with Community Resources Potential Problem Individual

**Admission Rating**                    **K**    **B**    **S**  
**Desired Outcome**                    **K**    **B**    **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
S	Other Community Resources	Adequate / Appropriate Resources

16 Abuse Potential Problem Individual

**Admission Rating**                    **K**    **B**    **S**  
**Desired Outcome**                    **K**    **B**    **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
S	Safety	Appropriate Care Mandated reporter.

17 Growth and Development Potential Problem Individual

**Admission Rating**                    **K**    **B**    **S**  
**Desired Outcome**                    **K**    **B**    **S**

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
S	Signs/Symptoms-Physical	Other Appropriate growth pattern for gestational &/or chronological age
S	Growth/Development Care	Appropriate Developmental Tasks For Age / Condition Denver II
S	Signs/Symptoms-Mental/Emotional	Other ASQ-SE Questionnaire
S	Screening Procedures	Other Hearing & vision

35 Nutrition

Potential Problem

Individual

<b>Admission Rating</b>	<b>K</b>	<b>B</b>	<b>S</b>
<b>Desired Outcome</b>	<b>K</b>	<b>B</b>	<b>S</b>

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
S	Dietary Management	Follows Basic Nutritional Plan

41 Health Care Supervision

Potential Problem

Individual

<b>Admission Rating</b>	<b>K</b>	<b>B</b>	<b>S</b>
<b>Desired Outcome</b>	<b>K</b>	<b>B</b>	<b>S</b>

<i>Cat.</i>	<i>Target</i>	<i>Client-Specific Information</i>
S	Medical/Dental Care	Adequate / Appropriate
TGC	Wellness	Immunizations
TGC	Wellness	Importance Of Routine Preventive Evaluations C&TC if eligible (Complete C&TC Outreach Additional Assessment)