(R. 7/12)

APS SUPERVISORY CONSULTATION QUARTERLY REVIEW

Case Name:		TWIST#:	
Case Program/Sul County: Onsite Worker/Co	Assigned Worke	r:	
Today's Date:	Last Review:	Next Rev	riew:
REVIEW OF ASS	ESSMENT AND SERVICE	PROVISION	
Date case was opened: Type of Case: Have APS/DV issu	Date of most recent assessment: Requested by Victim es been assessed: Yes	Date of most recer Requested by Guardian/POA No N/A Expl	Court Ordered
·	th issues been assessed:	<u> </u>	_
Have Substance A	Abuse issues been assesse	d: Yes 🗌 No 🗌 N/	A 🗌 Explain:
Does the Adult ha	ve a Guardian or POA: Ye	es 🗌 No 🗌 N/A 📗 i	Explain:
Has the need for I N/A \square Explain:	egal guardian/conservato	r been assessed: Ye	s 🗌 No 🗌
	needs/services identified rs: Yes		ed for services for
	W OF CASE/PREVENTIC		

ACTION PLAN (include specific tasks, individuals assigned, timeframes and required follow-up)			
Social Service Worker's Signature	Degree		
	_		
Supervisor's Signature	Degree		
Other Consultant's Signature	Degree		