

Case Management Forms

STRENGTHS-BASED ASSESSMENT FOR YOUTH

The following conversational questions may generate a more detailed understanding of the areas in the young person's life that hold meaning and value from their perspective. The idea is to weave these questions into the conversation. The form may then be shared with him/her and they are asked to take it with them and write the information on the form. This individualized information may then provide direction for the outcomes of the helping process.

Service Participant Apple Peach Therapist/CM What's Your Name ^{date} 5/9/09

1. What are the things you like to do for fun?

Dance

2. What are you really good at?

Talk on the Phone

3. Where do you like to spend time, and why do you like it there?

The movies, because ~~I~~ meet my friends there.

4. Who do you like to spend time with? Why do you like to spend time with them?

My mother Because she loves me

5. What are the things that are yours that are really important to you?

my iPod

6. What things would you really like to have that you do not have now?

a Big Screen TV

15. What would you like to have as a job when you grow up? What do you think about going to college?

Dancer - It's ok

16. What do you like best about yourself? What would you like to change about yourself?

My eyes My Hair

17. What kinds of things do you do to take care of your health?

Eat, Sleep, dance

18. Do you like sports? What is your favorite sport? Do you like to play this sport or watch?

Yes, basketball - I like to play

19. What do you think about taking drugs? drinking alcohol? Smoking?

No to drugs, drinking, Smoking

20. If you had one wish to make something happen in your life what would you wish for?

A Home for my Parents And money
to buy Food, Clothes, New Car And
my Big Screen TV.

Kansas Emergency Shelter Grant Program
Certification of Homelessness

Client Name(s): Georgia Peach | Al Fred Peach
Birth Date: 5/10/73
Dependents: Apple Peach

I certify that I have determined to the best of my ability that the above named individual / family is homeless. The following conditions exist which qualify the above listed clients and dependents for the Kansas Emergency Shelter Grant Program.

- Living in a transitional facility.
- Living in an emergency shelter.
- Temporarily living with friend or relative.
- At imminent risk of becoming homeless. Will be evicted within a week for non-payment of rent and does not have the resources to provide their own housing.
- Person is living in places not meant for human habitation (street, car, park, abandoned building, etc.).

Attached to this certification is documentation regarding the homeless situation:

- Transitional facility's letterhead statement of occupancy.
- Emergency Shelter's letterhead statement of occupancy.
- Friend or relative's statement of temporary accommodation, signed and dated with phone number.
- Person's statement of homelessness citing places occupied not meant for human habitation.

Comments:

What's your Name
Case Manager / Agency

5/9/09
Date

HOMELESS DECLARATION STATEMENT

I, Georgia Peach declare that I am homeless and/or my family is homeless and that I/we have been homeless for 16 days time.

I, declare that I/we have spent the night at Emergency Shelter

Client: Georgia Peach Date 5/9/09

Witness: What's your name

you can write more information at the bottom of this page.



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PUBLIC SCHOOLS

**Kansas City, Kansas Public Schools
Education Center**

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Effective 2006: USD 500 Office of the Homeless Liaison
Standard Operating Procedure: Denials for Case Management Assistance

~~If a client/person is denied assistance, for any reason, the client has the right to access the Dispute Resolution Policy established by Kansas State Department of Education (KSDE). In this regard, the child or youth shall be immediately admitted to the school in which enrollment is sought, pending resolution of the dispute. The Homeless Liaison will then follow USD 500's dispute resolution procedures. If the dispute is not resolved at this point, the liaison will contact the State Coordinator for the Education of Homeless Children and Youth at KSDE, to permit resolution of the conflict. (This process is described in further detail, in the attached forms). Thus, the client has the right to an appeal and review of the denial.~~

Staci Pratt
USD 500 Homeless Liaison

I have read and understand the policy regarding the denial of case management services.

Name Georgia Peach
Date 5/9/09