



CLIENT WEEKLY REPORT		
<i>CLIENT</i>		
<i>WEEK</i>		
WEEKLY SUMMARY		
GENERAL ONGOING INFORMATION		
CONTACTS / APPOINTMENTS		
DAY	TIME	COMMENTS
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Completed By:		Date:



## CASE MANAGEMENT TRANSFER MEETING – AGENDA & ACTION LOG

**Child/Young Person**  
**DOB**

<u><b>ATTENDANCES</b></u> Agency: CSC: C&FRU:	<u><b>APOLOGIES</b></u> Agency: CSC: C&FRU:
--	--

Item No.	Agenda Item	Action	Date to Be Completed
1	<b>Client Information</b> 1.1 Client Information Form  1.2 Case Plan  1.3 Cultural issues		1.1  1.2  1.3
2	<b>Current Placement</b> 2.1 CAT recommendation  2.2 Carer Details  2.3 Any issues		2.1  2.2  2.3
3	<b>Health / Medical / Dental</b> 3.1 Diagnoses  3.2 Medication / Treatment  3.3 Work Outstanding		3.1  3.2  3.3
4	<b>Education / Employment</b> 4.1 Details  4.2 Any issues		4.1  4.2

5	<b>Behaviour Management</b> 5.1 Behaviour Management Plan  5.2 Any issues		5.1 5.2
6	<b>Birth Family Contact</b> 6.1 MOTHER (venue, frequency, duration, supervision, issues of concern)  6.2 FATHER (venue, frequency, duration, supervision, issues of concern)  6.3 SIBLINGS (venue, frequency, duration, supervision, issues of concern)  6.4 EXTENDED FAMILY (venue, frequency, duration, supervision, issues of concern)  6.5 AVO's  6.6 Updated Contact Schedule Provided		6.1 6.2 6.3 6.4 6.5 6.6
7	<b>Other Professionals</b> 7.1 Who, Services Provided, Purpose, Frequency and Duration		7.1
8	<b>Financial Commitments</b> 8.1 Service and Cost  8.2 Finalisation of Payments  8.3 TEP		8.1 8.2 8.3
9	<b>Legal</b> 9.1 S82  9.2 S90		9.1 9.2
10	<b>Victims of Crime</b> 10.1 Referral Completed  10.2 Current Status		10.1 10.2
11	<b>IPC Pathways</b> 11.1 Health  11.2 Education		11.1 11.2

12	<b>Case Management Transfer</b> 12.1 Date of intended Case Management Transfer  12.2 Date of intended Financial Transfer  12.3 Date of KiDS Plan Transfer to CFRU  12.4 Date of Original Documentation Transfer		12.1 12.2 12.3 12.4
13	<b>Any Other Business</b> 13.1 Third Party Letters 13.2 Agency Letter of Carer Authorisation 13.3 Post CMT Tasks		13.1 13.2 13.3 13.4