

HOUSTON HSDA – HOME & COMMUNITY BASED HEALTH SERVICES
CLIENT RECORD EVALUATION FORM

AGENCY: _____

FILE #: _____

CRITERIA	SATISFIED?	NOTES
CONSENTS		
Consent for service in the record.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Consent for exchange/release of information in record.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Proof of Client Rights and Responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Proof of receipt of Grievance Procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Proof of receipt by client of eligibility criteria.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Proof of receipt by client of confidentiality policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Proof of receipt of description of agency's services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Proof that client was informed of process for obtaining client and family input about satisfaction at intake.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
ELIGIBILITY		
HIV Diagnosis is documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Residency in the Houston HSDA is documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Income no greater than 300% of the Federal poverty level is documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Proof of identification.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
INITIAL CONTACT		
Contact attempted/made w/in 24 hours of case assignment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
If contact not made, noted in record.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Subsequent attempts are noted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
INTAKE		
Intake form is completed w/in acceptable timeframe of obtaining client's written consent for services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Proof that client is provided alternatives to office visits such as home visits, phone, and /or conducting business by mail, fax, e-mail or other modes of communication when necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	

SERVICE COORDINATION			
Client services indicate coordination of activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Documentation of assessment referrals and linkages is in client file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Documentation of completion of referrals and linkages, if indicated in assessment. (follow-up)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
SERVICE COORDINATION (CONT'D)			
Documentation of assessment of client for individual needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Documentation of written plans incorporating individual needs, if indicated in assessment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Documentation of assessment of client for counseling needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Documentation of counseling activity or use of referrals, if indicated in assessment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Documentation of assessment of need for support groups.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Documentation of written referrals to support groups, if indicated in assessment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
FILE FORMAT			
One record/file per client.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Record is legible and in a consistent format.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Client name is on all records.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
Staff sign name on all entries in the client record.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
DOCUMENTATION OF SERVICE			
TYPE OF SERVICE	DOCUMENTED?		NOTES
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Partial	<input type="checkbox"/> NA	