

# TCM Service Plan and Goals

Babies First!, NFP and CaCoon  
Targeted Case Management (TCM)

**Annual TCM Review due:** \_\_\_\_\_ or more often as indicated by change in individual need

**Goals** for client/caregiver-identified priorities:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Agreed upon goals (case manager and client/caregiver)** (check all that apply):

- Demonstrate ability to identify and independently access health services (e.g., medical home, PNC, WCC, Imm, vision, dental) by:

Completion Target Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

- Demonstrate ability to identify and independently access education services or quality child care (e.g., EI, Special Education, Head Start, high school) by:

Completion Target Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

- Demonstrate ability to identify and independently access social services (e.g., transportation, support system, housing, food, SSI) by:

Completion Target Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

- Other (specify):

Completion Target Date: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Planned activities/interventions to achieve goals** (check all that apply):

- Ongoing identification of strengths
- Ongoing identification of barriers
- Assist client/caregiver in increasing knowledge of community resources
- Assist client/caregiver in working with needed services and agencies
- Assist client/caregiver in completing paper work for: \_\_\_\_\_
- Assist client/caregiver to gain skills to become an effective advocate
- Assist client/caregiver to expand support system
- Problem-solve with client/caregiver to obtain transportation to needed services
- Support client's/caregiver's efforts to adhere to the schedules for treatment and services
- Other: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service: \_\_\_\_\_

**Planned referral/linking** (check all that apply):

- Advocating for self or child
- Child care
- Clothing and basic supplies
- Dental care
- Early education services
- Education, adult
- Food security
- Health insurance/OHP
- Housing stability
- Income stability
- IPV resources
- Legal aid
- Medical specialty care or therapies
- Mental health care
- PN/PP care
- Respite care
- Scheduling and keeping appointments
- Substance use (ATOD)
- Supplemental Security Income
- Support system
- Transportation
- Well-care visit/immunizations
- WIC
- Other: \_\_\_\_\_

**Planned monitoring** (check all that apply):

- Monitor the client's/caregiver's ability to access and utilize needed resources
- Monitor for commitment to TCM Service Plan
- Monitor progress toward goals
- Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**Notes:**

RN Case Manager Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Medicaid number: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Service: \_\_\_\_\_