

Socially Necessary Services Monthly Report Desk Guide

In order to ensure proper documentation of services provided, the Socially Necessary Services (SNS) Monthly Report is completed monthly by SNS provider. This report is due every month by the 10th of the month and must be submitted to the DHHR's caseworker via mail, hand delivery, faxed with prior notification given to the worker, or encrypted email. Additionally, the SNS provider will need to submit a progress report to the DHHR caseworker, upon written request, five days prior to any court hearing being conducted for the child or family. This report may be altered by adding the agency's letterhead to the top of the report. No other changes may be made to the content of the report. Should a section not apply to a particular case, simply write "not applicable" and move to the next section.

Provider Name: Enter the SNS provider's business name

FACTS Case number: Enter the FACTS case number.

Staff name completing report: Enter the name of the staff member completing the report.

Client number for all clients receiving services: If known, enter the Client ID numbers of all clients receiving services.

Client address and contact information: Enter the full address as well as phone number or email address of the client.

Service month: Enter the month and year for which services are being provided.

Date of report: Enter the date in which the report is completed. If multiple dates, enter the last date in which the report was completed.

Client Name: Enter the full name of the client.

DHHR Worker and County: Enter the name and county location of the current worker assigned to the case.

Referral information/services requested: Include a narrative as to the types of services being requested by the DHHR worker and the information you received from the referral. If no new services are requested, you may use the same information from the previous month for the current month's narrative.

Treatment goals as outlined by DHHR, MDT, terms/conditions of period of improvement: Use this section to outline a narrative of treatment goals as determined by the client's DHHR worker.

Also, include information regarding the terms and conditions of the treatment goals as well as the time period it should take for improvement (if known).

Dates of service completed, contacts, and cancelled appointments: In this section, include the date of service, the type of service, the start and stop time of service, the names of the individuals present for the service, and the total amount of mileage driven to complete the services. If you need additional space, press the TAB key and it will allow for extra rows.

Summary of services provided: In this section, list the types of services provided, the lessons and curriculum used, any observations that were made during the services, and how the services addressed the issues. If you need additional space, press the TAB key and it will allow for extra rows.

Progress towards treatment goals and increasing safety/decreasing risk: Include a narrative explaining the monthly progress that was made toward the assigned treatment goals as well how these goals improved the safety of the child and decreased the risk of child maltreatment.

Additional presenting problems, barriers, and unmet needs: Use this section, if necessary, to include a narrative for any problems, barriers, and unmet needs the client may be experiencing. This form should NOT be used as the only means of communication with the client's DHHR worker; if a problem is presenting, you should still notify the DHHR worker of the issue at the time the problem is identified.

Community referrals and linkage to other services and support: If applicable, list any resources outside of DHHR and your agency that are being utilized to assist the client. Also, list the types of services they are providing to the client.

Recommendations: List any recommendations you have as the SNS agency. These will be reviewed by the DHHR caseworker each month.

Authorized Agency Representative Information Area: Please provide the authorized agency representative's name, title, signature, contact information (phone and email), and date of signature. This form does not need to be signed off by a licensed professional unless your SNS agency requires it for internal purposes, but the authorized person does need to certify that the services described in the report were provided to the family.