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| **CASE FOLLOW-UP FORM** |

Survivor Code: Caseworker Code: Date:

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| **PROGRESS TOWARDS GOALS** |
| **Evaluate progress made towards action/goals agreed on in the Case Action Plan Form** | **Not Met** | **Met** | **Explain** |
| Safety |  |  |  |
| Health Care |  |  |  |
| Psychosocial Support |  |  |  |
| Access to Justice |  |  |  |
| Other (list other goals made here) |  |  |  |
| Other Observations/Caseworker notes |

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| **RE-ASSESSING SAFETY** |
|  | **Y** | **N** | **Explain** | **Additional Intervention Planned** |
| Are there new or continued risks of danger at home? |  |  |  |  |
| Are there any new or ongoing safety issues the survivor is facing in the community? |  |  |  |  |

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| **FINAL ASSESSMENT** |
|  | **Y** | **N** | **Explain** | **Additional Interventions Planned** |
| **A. Safety situation is stable**Survivor is physically safe, and/or has a plan to keep physically safe |  |  |  |  |
| **B. Health situation is stable**Survivor has no medical problems that require treatment |  |  |  |  |
| **C. Psychosocial wellbeing has improved**Survivor is engaging in regular behavior, has a safe person to talk to |  |  |  |  |
| **D. Access to Justice secured** (**if applicable**) |  |  |  |  |
| **E. Other Intervention Needed** |  |  |  |  |

Follow up meeting is scheduled for **(**date/time/location**)**: