

LODESTAR SERVICE MATRIX FORM: Sibling

Reporting Period: ____ ____

01-Intake
 ##-Month Follow Up (Enter number of months since intake.
 Use only multiples of 06 [06, 12, 18, 24, etc.]

Client ID No. _____

Client Name _____

Case Mgr _____

Date of Reporting Period ____/____/____

COUNSELING/HEALTH/MEDICAL	CLIENT
Abuse Victim Counseling	
California Childrens Services (CCS)	
CPS Intervention	
Domestic Violence Intervention	
Family Planning	
Medi-Cal	
Mental Health Counseling	
Primary Preventive Health Care	
Public Health Nurse Home Visits	
Substance Abuse Treatment	

FINANCIAL/EMPLOYMENT/EDUCATION	CLIENT
CalWORKs	
Education	
Employment	
ESL	
Food Stamps	
Job/Vocational Counseling or Training	
Parenting Education	
Special Ed	
Other Gov. Financial Benefits or Asst.	

OTHER SERVICES	CLIENT
Document Acquisition	
Emergency Food/Shelter/Clothing	
Housing	
Legal Services	
Regional Center	
Transportation	
Social/Cultural Activities	
Social Skills Building	

CODES
For each service to the left, Enter One of the codes below in the Client box.

DO NOT LEAVE ANY BOX BLANK.

- X - Client refused service
- 0 - Receiving service
- 1 - Has been referred
- 2 - Referred but did not follow through
- 3 - Referred but service not accessible
- 4 - Needs service but has not yet been referred.
- 5 - Not referred - service not available
- 6 - Not referred - service not needed.
- 7 - Not eligible for service
- 8 - Has completed receiving service
- 9 - Unknown

You may also use the free codes below.

FREE CODES - SERVICE MATRIX

	CLIENT
Freecode#U	
Freecode#V	
Freecode#W	
Freecode#X	
Freecode#Y	
Freecode#Z	