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**CASEWORKER INFORMATION SHEET**

*All residents sign a disclosure agreement that allows Ryandale staff to contact their caseworkers.*

*This information is kept confidential and is only used during the course of a resident’s stay with Ryandale.*

**Worker Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information:** Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Client name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have worked with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_ days/weeks/months.

 *(client)*

We meet:

* Monthly
* Biweekly
* Weekly
* More often
* Only as requested by the client

We will be working together until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or until further notice.

 (YYYY/MM/DD)

If the client is transferred from my care, I will advise Ryandale of his new worker’s name and contact information.

if the client terminates our contact, I will advise Ryandale of this.

In support of the continuum of care, I will advise Ryandale of any changes in my client’s acuity level and any recommendations for future supports needed.

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Dat