

Name of File: _____

Date: _____

Case Manager: _____

**Community Corrections
SRS Audit**

SRS/Data			
Picture in SRS	Y	N	N/A
Identifiers filled out	Y	N	N/A
Education entered	Y	N	N/A
Address entered	Y	N	N/A
Phone Number entered	Y	N	N/A
Emergency Contact entered	Y	N	N/A
Email	Y	N	N/A
Drug of Choice entered	Y	N	N/A
Secondary assessments entered	Y	N	N/A
Employment entered	Y	N	N/A
Given UDS per policy	Y	N	N/A
Prescriptions verified and entered monthly	Y	N	N/A
Client is being seen according to risk/policy	Y	N	N/A
Updated Risk Level/entered	Y	N	N/A
Level of Supervision	Y	N	N/A
Conditions Tab completed	Y	N	N/A
Fees addressed and paid (if not referred to Rural Works)	Y	N	N/A
Case notes are completed day of appointments or following morning	Y	N	N/A
Treatment progress entered monthly	Y	N	N/A
cog. program referred	Y	N	N/A
next appointment entered	Y	N	N/A
Incentives are given each appointments	Y	N	N/A
Interventions are entered	Y	N	N/A
sanctions are entered when needed	Y	N	N/A
Total possible score / percentage		/ = %	
Notes:			

Audited by: _____