

## **Basic Case Management Training: Module 1 Test**

DIRECTIONS: Complete this test after finishing Module 1 of the Basic Case Management Training. Print your name, agency information and social security number CLEARLY below. After finishing the test, sign and return this form to your supervisor.

PLEASE PI	RINT CLEARLY	
Name:		Social Security Number (Last 5 Digits):
Agency: _		Today's Date:
TRUF/FAI	SE - Indicate whether each statem	ent below is TRUF (T) or FALSF (F)
		journey that people undertake to heal and grow. T F
2. The Ch	ild and Adolescent Service System F	Program in Pennsylvania helps children and adolescents with emotional ems and their families gain access to needed services. T F
	•	ake care of the individuals on his/her caseload. T F
		have control over their lives. T F
MULTIPLE	ECHOICE - Choose the BEST answer	to each of the following four multiple choice questions
		nt requires mental health services in the Commonwealth of Pennsylvania to
A. an	sensitive and responsive to racial d their families	l, ethnic, religious and gender differences of individuals with mental illness
В.		and gender differences of individuals with mental illness and their families
C.	_	sources can be used in the service delivery system
D.	able to bring a complete understa	anding of an individual's culture to the service planning process
	•	" requires mental health services for children in the Commonwealth of
Pennsylva		f the social emotional education and physical people of the shild
A. B.	•	If the social, emotional, education, and physical needs of the child the child-serving systems involved in the child's life
С.	·	
D.		•
D.	plainled by the parents of the chi	iu
7. A corre	ect assumption about recovery is:	
A.	Recovery cannot occur without p	rofessional intervention
В.	Involves only the individual	
C.	•	
D.	Can't occur if symptoms are pres	ent.
8. The ro	e of the Case Manager in the recov	ery process is to:
A.	assist individuals to identify usefu	ul resources
В.	assist individuals to access useful	resources
C.	assist individuals to evaluate thei	r need for services
D.	all the above	
I hereby a	ffirm that I did complete the modul	le indicated above:
		Participant's Signature
Superviso	r: Please Complete	
Supervisor Name:		Agency:
I hereby a	ffirm that the case manager comple	eted Module 1 and scored more than 80% on the test.

Supervisor Signature \_\_\_\_\_