Effective April 1, 2008
SOCIAL SERVICE TIME STUDY (SSTS)
Random Moment Follow-up Sheet

<table>
<tr><td colspan="2">Category A
Eligibility Activity</td></tr>
<tr><td>DHS Code #</td><td>Code Description</td></tr>
<tr><td>10</td><td>Determination of Foster Care Candidacy</td></tr>
<tr><td>11</td><td>Title IV-E Eligibility</td></tr>
<tr><td>12</td><td>SSI Eligibility for Children</td></tr>
<tr><td>13</td><td>MA Eligibility</td></tr>
<tr><td>14</td><td>MA Service Eligibility</td></tr>
</table>

A. To be completed by <u>Recorder</u>:

Recorder's Name _____

Employee's Name _____

Moment to be recorded:

DAY: _____

DATE: _____

TIME: _____

<table>
<tr><td colspan="2">Category B
Assessments, Case Management and Service Coordination</td></tr>
<tr><td>DHS Code #</td><td>Code Description</td></tr>
<tr><td>20</td><td>Initial Intake and Investigation of Reports of abuse and/or Neglect</td></tr>
<tr><td>21</td><td>DD Screenings for MA Eligible Clients</td></tr>
<tr><td>22</td><td>Rule 25 Assessments for MA Eligible Clients</td></tr>
<tr><td>23</td><td>Health/Medical Case Mgmt Services-MA Eligible Adults</td></tr>
<tr><td>32</td><td>Mental Health Case Management for SED Children</td></tr>
<tr><td>33</td><td>Mental Health Case Management for SPMI Adults</td></tr>
<tr><td>34</td><td>Vulnerable Adult Case Management - Non Waiver</td></tr>
<tr><td>35</td><td>DD Adult Case Management - Non Waiver</td></tr>
<tr><td>37</td><td>Service Coordination & Court Related Activity - Child FC Candidate</td></tr>
<tr><td>38</td><td>Service Coordination & Court Related Activity - Child FC Placement</td></tr>
</table>

<table>
<tr><td colspan="2">Category C
Treatment and Therapy</td></tr>
<tr><td>DHS Code #</td><td>Code Description</td></tr>
<tr><td>41</td><td>Treatment or Therapy for Children and Adults</td></tr>
</table>

B. To be completed by SSTS Participant:

DHS Code Number: _____

Employee's initials: _____

<table>
<tr><td colspan="2">Category D
Training</td></tr>
<tr><td>DHS Code #</td><td>Code Description</td></tr>
<tr><td>51</td><td>Child Welfare/Child Protection Training for County Staff</td></tr>
<tr><td>52</td><td>Program Service Training for County Staff</td></tr>
<tr><td>53</td><td>General Training for County Staff</td></tr>
<tr><td>54</td><td>Training for Foster/Adoptive Parents or Foster Care Providers</td></tr>
</table>

C. The employee should return this form to the recorder indicated in Section A.

<table>
<tr><td colspan="2">Category E
Other</td></tr>
<tr><td>DHS Code #</td><td>Code Description</td></tr>
<tr><td>61</td><td>Other Health and Medical</td></tr>
<tr><td>62</td><td>Other Child Welfare/Child Protection & Court Related Activity</td></tr>
<tr><td>68</td><td>Child Protection Investigation, Other Social Services and Third Party Billings</td></tr>
<tr><td>69</td><td>General Administration</td></tr>
</table>

D. Retain this form at the county for four years.