

Mercy Employee Assistance Program - EAP Case Staffing Form

Client Name: _____ EAP Affiliate: _____

Client Company: _____ Date: _____

Thank you for being a Mercy EAP affiliate. Our model is to utilize short term counseling, where the average number of sessions is between 3-4 visits. If you are going to use above 3-4 visits, please complete the staffing form. Assume additional sessions are approved unless you receive a phone call to further discuss the case.

Action: This form is to be faxed to EAP manager at 314-729-4636.

1. Number of sessions completed, at time of this staffing 1 2 3 4 5 6
(circle number)

2. How many additional sessions are requested? 1 2 3 4 5 6
(circle number)

The cap for Mercy EAP is 6 visits total

3 How is progress being measured? What are case goals?

a. _____

b. _____

c. _____

4. What are client's strengths and how are they being utilized?

5. What interventions are you using to move the client forward to accomplish goals?

Other comments:

Approval: _____

If you want to discuss case particulars, call Manager or designee.
Barb Fotsch 314-729-4483