

SRCC Monthly Report Form

Monthly Status Report Form due by the 10th of the following month

MONTH/YEAR _____

PARTICIPANT _____ SSN: _____

EES CASE MANAGER _____

SRCC COUNSELOR _____ Telephone#: _____

In this reporting month, the following activities have taken place:

- Customer was engaged in Treatment Activities: Yes No
- SRCC had regular contact with client: Yes No
- Contact how often: Monthly Bi-Weekly Weekly Other (please explain)

The customer has participated in these additional activities (mark all that apply):

Activity	Location	Hours Verified
Employment		
Job Search		
Volunteer Work		
Work Experience (w/o pay)		
GED		
Skills Training		
Parenting/Life Skills Training		
Treatment Based Training		
Job Corps		
Domestic Violence Services		
Substance Abuse Treatment		
12-Step Group		

Please include documentation for all verified hours

CHANGES:

- New Address: _____
- New Telephone or Cell #: _____
- Did not cooperate with SRCC: Date and comment: _____
- Other: _____
- SRCC lost contact: Date and Comment: _____
- Change in Household members: _____
- Customer completed treatment and is released as of (date): _____
- Customer is being removed from treatment without completing (date): _____
- Comment: _____
- Customer continues to participate as recommended _____
- SRCC recommends an IST on (date): _____ at: _____