

SRCC Monthly Report Form

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

MONTH/YEAR: _____

PARTICIPANT: _____ SSN: _____

CAREER NAVIGATOR _____

SRCC CASE MANAGER: _____ TELEPHONE #: _____

SRCC Start Date: _____

SRCC Discharge Date: _____ Successful Unsuccessful

*Is client compliant with SRCC services: Yes No

Hours worked with Case Manager: _____

Hours worked with Recovery Coach (RC): _____

*Is client attending Substance Abuse Treatment: Yes No Verified

Name of Facility: _____

Hours Attended: _____

Completed: Yes No Treatment Discharge: Successful Unsuccessful

*Is client attending 12 step/Recovery meetings: Yes No Verified by RC

Hours reported: _____

Monthly Progress: _____

The customer reports participation in these additional activities (mark all that apply):

Employment Part Time Full Time

Location: _____

GED/HS/Education Location: _____ Hours reported: _____

Mental Health Location: _____ Hours reported: _____

Parenting classes Location: _____ Hours reported: _____

Job Corps Location: _____ Hours reported: _____

Domestic Violence Svcs. Location: _____ Hours reported: _____

Other (skills training, etc.) Location: _____ Hours reported: _____

Changes:

Address: _____

Phone Number: _____