



# DCF/DSA MONTHLY PROGRESS REPORT

MONTH/YEAR \_\_\_\_\_

**Due date by the 10<sup>th</sup> of the following month.**

DSA Participant \_\_\_\_\_ DCF ID#: \_\_\_\_\_

DCF/EES Case Manager \_\_\_\_\_ Months of TANF: \_\_\_\_\_

DV/SA Center Advocate \_\_\_\_\_ Telephone#: \_\_\_\_\_

DSA Participant status is currently: \_\_\_ DSA No TANF hardship \_\_\_ DSATANF Hardship

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

- DSA Participant receiving services from DV/SA Center? \_\_\_ YES \_\_\_ NO
- DSA Participant had regular contact with DV/SA Center advocate: \_\_\_ YES \_\_\_ NO
- Date of last meaningful contact with DSA Participant: \_\_\_\_\_
- Contact how often: \_\_\_ Monthly \_\_\_ Bi-Monthly \_\_\_ Weekly \_\_\_ Other (please explain): \_\_\_\_\_

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

Activity	Location	Hours Verified
Employment		
Job Search		
Volunteer Work (supervised)		
Work Experience (w/o pay)		
GED		
Skills Training		
Parenting/Life Skills Training		
Substance Abuse Treatment		
Job Corps		
Counseling /other DSA services		

**Please include documentation for all verified hours!**

I, \_\_\_\_\_ give \_\_\_\_\_  
NAME DV/SA CENTER  
 permission to release the above information to the Economic and Employment Services office of DCF  
 for the month of \_\_\_\_\_, 20\_\_\_\_. This release is good until the 15<sup>th</sup> of \_\_\_\_\_,  
 20\_\_\_\_.

I understand a signed copy of this report will be given to my DCF/EES Case Manager.

\_\_\_\_\_  
 DSA PARTICIPANT SIGNATURE DATE

\_\_\_\_\_  
 DV/SA CENTER STAFF SIGNATURE DATE