**SRCC Monthly Report Form**

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

MONTH/YEAR:

PARTICIPANT:       Client ID#:

CAREER NAVIGATOR:

SRCC CASE MANAGER:       TELEPHONE #:

SRCC Start Date:       SRCC Months of Service:

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):**

 **Activity Location Hours Reported**

[ ]  Employment       Part Time [ ]  Full Time [ ]

[ ]  GED/HS/Education       Hours Reported:

[ ]  Mental Health       Hours Reported:

[ ]  Parenting Classes       Hours Reported:

[ ]  Job Corps       Hours Reported:

[ ]  Domestic Violence Services       Hours Reported:

[ ]  Other (skills training, etc.)       Hours Reported:

**Changes:**

Address:

Phone Number: