**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: