**DV/SA MONTHLY PROGRESS REPORT for TANF or GOALS**

MONTH/YEAR

**Due date by the 10th of the following month.**

**DV/SA Participant:**  **DCF ID#:**

**Career Navigator:**  **Months of TANF:**

**DV/SA Center Advocate:** **Telephone#:**

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

**- DV/SA Participant receiving services from DV/SA Center?** [ ]  **YES** **[ ]  NO**

**- DV/SA Participant had regular contact with DV/SA Center advocate:** [ ]  **YES** [ ]  **NO**

**- Date of last meaningful contact with DV/SA Participant:**

**- Contact how often:** [ ]  **Monthly** [ ]  **Bi-Monthly** [ ]  **Weekly** [ ]  **Other (please explain):**

**The DV/SA Participant has participated in these additional activities (mark all that apply):**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Other Info** | **Hours Verified** |
| [ ] Employment |       |       |
| [ ] Job Search |       |       |
| [ ] Volunteer Work at DCF approved site |       |       |
| [ ] Work Experience (w/o pay) |       |       |
| [ ] GED |       |       |
| [ ] Skills Training |       |       |
| [ ] Life Skills Training |       |       |
| [ ] Post-Secondary Education |       |       |
| [ ] Job Corps |       |       |
| [ ] Counseling /other DV/SA 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 15th of** **20****.**

 **I understand a signed copy of this report will be given to my Career Navigator.**

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**(DV/SA Participant Signature) (Date)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(DV/SA Center Staff Signature) (Date)**