**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.**

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

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

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

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