

**DIVISION OF PUBLIC ASSISTANCE
 DETAILED TRACKING SYSTEM (DTS)
 MONTHLY REPORT FORM LOG**

Client Name: _____

Case Number: _____ **Phone:** _____

Other Case Numbers: _____ **Native Corporation:** _____

MONTH	DATE REC'D	COMPLETE		CHANGE		SHELTER	S U D	COMMENTS	DATE PROC'D	INT'S
		YES	NO	YES	NO					

NOTES/STICKIES

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