

**Family Progress Report  
Case Summary and Recommendations**

**Section I – Household Information**

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_ Date: \_\_\_\_\_

Household Type:  Single Parent  Two Parent  INCAP

Children & Ages: \_\_\_\_\_

Months of Temporary Assistance Used: \_\_\_\_\_

Date of Last Family Progress Review: \_\_\_\_\_

Interpreter Needed:  Yes  No Name and Phone Number: \_\_\_\_\_

Meeting Attendees: \_\_\_\_\_

**Section II – Summary from Prior Progress Reviews**

*Instructions: Case manager reviews files and CMS to create a summary. Review the findings with client.*

1. Summarize the family’s history on Temporary Assistance, noting trends and current situation in (but not limited to) the following categories:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Appointment attendance | <input type="checkbox"/> Partner agency involvement | <input type="checkbox"/> Employment            |
| <input type="checkbox"/> Problem solving skills | <input type="checkbox"/> Supportive services        | <input type="checkbox"/> Education or training |
| <input type="checkbox"/> Penalties              | <input type="checkbox"/> Legal issues               | <input type="checkbox"/> Other (s)             |
| <input type="checkbox"/> Childcare              | <input type="checkbox"/> Physical health            |  |
| <input type="checkbox"/> Domestic violence      | <input type="checkbox"/> Mental health              |  |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does the client regularly complete assigned FSSP activities? Explain.

\_\_\_\_\_

\_\_\_\_\_

3. Describe the outcome of each of the prior Family Progress Review Recommendations.

\_\_\_\_\_

\_\_\_\_\_

**Section III – Client Self-Assessment**

*Instructions: Ask the client the questions and summarize the conversation.*

1. Compared to last year is your household:

- Better off     About the same     Not as good

2. What steps on your plan do you think you made the most progress on in the past year?

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3. What changes have happened in the past year for your family?

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4. What services or referrals have been the most helpful to you in the past year and why?

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5. What do you think is the biggest challenge towards reaching your goals for your family?

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a. What can you do to get past this challenge?

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b. What other help do you need for the challenges that have not been resolved?

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6. On your current Family Self-Sufficiency Plan, your goal is to close your case on:

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7. What are the top three activities you need to do to close your case?

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**Section IV – Medical**

1. Have you or a household member experienced any medical, mental health, or addiction issues in the last year that have made it difficult or stopped you from going to work or doing work activities? If yes, please list household member, a brief description of the medical, mental health, or addiction issue and if the issue has occurred in the past or is ongoing. Please describe. **If no, please skip to Section V.**

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2. If yes, what is your treatment plan with your doctor(s)?

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3. Describe any medical progress and/or setbacks you have happened in the past year.

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4. Has your medical condition lasted more than 12 months?  Yes  No

- a. Do any of your doctors support you in applying for Social Security?  Yes  No

What medical documentation do you have to support your disability claim other than the forms you have turned in to DPA or your case manager?

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- b. Do you need help starting or continuing the process of a social security application?  Yes  No

Notes:

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**Section V – Other Challenges**

1. Have you or a household member experienced any other (non-medical) issues in the last year that have made it difficult or stopped you from going to work or doing work activities? Please describe. **If no, please skip to Section VI.**

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other(s) |
| <input type="checkbox"/> Legal issues      | <input type="checkbox"/> Housing        |                                   |
| <input type="checkbox"/> Childcare         | <input type="checkbox"/> Education      |                                   |

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2. How are you managing these challenges?

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**Section VI – Household Budget and Expenses**

Monthly Income	
ATAP	
APA/SSI	
Earned Income	
Other	
<b>Total</b>	

Other Resources	
SNAP	
Child Support	
Other	
Other	
<b>Total</b>	

Household Totals	
Income	
Expenses	
<b>Difference</b>	

**Expenses**

Home	
Rent/Mortgage	
Heat	
Electricity	
Cell/Telephone	
Cable/Internet	
Water/Sewer	
Cleaning Supplies	
Laundry	
Other	
<b>Total</b>	

Entertainment	
Movies	
Meals Out	
Evenings Out	
Other	
<b>Total</b>	

Children	
Childcare	
Child Support	
Diapers	
Toys	
School Activities	
Other	
Other	
Other	
<b>Total</b>	

Consumer Loans	
Credit Cards	
Bank Loans	
Student Loans	
Other	
<b>Total</b>	

Transportation	
Car Payment	
Gas	
Insurance	
Maintenance	
Bus	
Taxi	
Parking	
Other	
<b>Total</b>	

Other/Miscellaneous	
<b>Total</b>	

Family	
Clothing	
Food	
Hygiene	
Other	
<b>Total</b>	

Personal	
Hobbies	
Tobacco	
Electronics	
Other	
<b>Total</b>	

1. I plan to make more money by: \_\_\_\_\_  
\_\_\_\_\_
2. I plan to spend less money by: \_\_\_\_\_  
\_\_\_\_\_
3. I plan to use my seasonal lump-sum income (PFD, Energy Assistance Tax Return, and Tribal Dividends, etc.) as follows: \_\_\_\_\_  
\_\_\_\_\_
4. I budget for seasonal and large expenses (birthdays, holidays, school clothing and supplies, vehicle needs, etc.) as follows: \_\_\_\_\_  
\_\_\_\_\_

**Section VII – Summary and Recommendations**

1. What key points were brought forward in this Family Progress Review?  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What Family Self-Sufficiency Plan changes will be made?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_