



FAMILY QUARTERLY PROGRESS REPORT

Part A: Client Self-Report

Quarterly:

Annual:

Extension:

Name _____

Client ID # _____

Date: _____

Case Manager _____

Agency _____

Instructions: Select the answer that best describes your experience in the past 30 days.

- 1) I have reliable transportation that gets me and my family to where we need to go – to work, school, grocery store, doctor and to friends & family.

Never	Occasionally	Sometimes	Often	Almost Always	Not applicable
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- 2) My children have a safe place to be during the day that allows me to work and do other activities – children under age 13 attend school, preschool, daycare, OR stay with a trusted and reliable family or friend.

Never	Occasionally	Sometimes	Often	Almost Always	Not applicable
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- 3) I and my children are safe at home and in our community – not threatened or in danger of harm.

Never	Occasionally	Sometimes	Often	Almost Always	Not applicable
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4) I have affordable housing that meets my family's needs – stable, safe and long-term.

Never	Occasionally	Sometimes	Often	Almost Always	Not applicable
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5) I am in good health and capable of working or participating in activities full time.

Never	Occasionally	Sometimes	Often	Almost Always	Not applicable
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6) I can get medical treatment and other help I need to maintain and improve my health and ability to work or participate in activities.

Never	Occasionally	Sometimes	Often	Almost Always	Not applicable
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7) My children and other family that rely on me are able bodied and in good health – they do not need my care 24 hours a day due to a disability or chronic condition.

Never	Occasionally	Sometimes	Often	Almost Always	Not applicable
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8) My children and other family that rely on me can get medical treatment and other help they need to maintain and improve their health and ability to go to school, daycare, work and care for themselves.

Never	Occasionally	Sometimes	Often	Almost Always	Not applicable
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9) I am ready and able to get and keep a job that improves my family's self-sufficiency – I am able to go to work or participate in job readiness, training or other activities.

Never	Occasionally	Sometimes	Often	Almost Always	Not applicable
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10) I am making progress towards my family and self-sufficiency goals.

Never	Occasionally	Sometimes	Often	Almost Always	Not applicable
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11) I am able to work or participate an average of:

0 to 5 Hours per week	6 to 15 Hours per week	16 to 25 Hours per week	26 to 35 Hours per week	36 to 40 Hours per week	Not applicable
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Client Signature: _____

Date: _____