

**FAMILY PROGRESS REPORT**

**Part B: Case Manager Report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quarterly: | [ ]  | Annual: | [ ]  | Extension: | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Click here to enter text. | Client ID: | Click here to enter text. | Date: | Click here to enter a date. |
| Case Manager: | Click here to enter text. | Agency: | Click here to enter text. |

Instructions: Select the answer that best describes family circumstances in the past quarter.

1. Client arrives on time and prepared for meetings and activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Never [ ]  | Occasionally [ ]  | Sometimes [ ]  | Often [ ]  | Almost always [ ]  | Not applicable [ ]  |

1. Client follows through on steps identified on the FSSP and partner plans.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Never [ ]  | Occasionally [ ]  | Sometimes [ ]  | Often [ ]  | Almost always [ ]  | Not applicable [ ]  |

1. Client is able to plan for and or overcome challenges to completing steps and participation in identified activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Never [ ]  | Occasionally [ ]  | Sometimes [ ]  | Often [ ]  | Almost always [ ]  | Not applicable [ ]  |

1. Client is able to accept guidance and supervision at work, training, and other structured settings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Never [ ]  | Occasionally [ ]  | Sometimes [ ]  | Often [ ]  | Almost always [ ]  | Not applicable [ ]  |

1. Client and their family are stable and able to successfully manage daily life and obligations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Never [ ]  | Occasionally [ ]  | Sometimes [ ]  | Often [ ]  | Almost always [ ]  | Not applicable [ ]  |

1. Client is able to complete tasks and access needed health and other services independently.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Never [ ]  | Occasionally [ ]  | Sometimes [ ]  | Often [ ]  | Almost always [ ]  | Not applicable [ ]  |

1. Client understands and is able to meet workplace expectations for professional conduct – behavior is appropriate for work and public settings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Never [ ]  | Occasionally [ ]  | Sometimes [ ]  | Often [ ]  | Almost always [ ]  | Not applicable [ ]  |

1. Children and family members with health or other challenges are maintaining and or making progress towards health and wellness goals.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Never [ ]  | Occasionally [ ]  | Sometimes [ ]  | Often [ ]  | Almost always [ ]  | Not applicable [ ]  |

1. Family is progressing through identified activities, services, and partner plans timely.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Never [ ]  | Occasionally [ ]  | Sometimes [ ]  | Often [ ]  | Almost always [ ]  | Not applicable [ ]  |

1. Social Security Application Service – client and provider are actively working towards successful applications for Social Security benefits and in the past 90 days have:

[ ] Not applicable.

[ ] No action taken.

[ ] Acted on referral for SASS – conducted initial meeting and evaluation.

[ ] Client has received assessments, SASS provider is collecting documentation, packet or applications are being drafted.

[ ] Application completed – packet submitted to SSA and waiting on determination.

[ ] Response to SSA – if needed working to provide SSA with additional documents to support application or appeal.



**FAMILY PROGRESS REPORT**

**Part C: Access to Service**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Quarterly: | [ ]  | Annual: | [ ]  | Extension: | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Click here to enter text. | Client ID: | Click here to enter text. | Date: | Click here to enter a date. |
| Case Manager: | Click here to enter text. | Agency: | Click here to enter text. |

For each of the services listed below, please address the following questions for each service utilized by the client.

1. Alcohol / substance abuse assessment
2. Alcohol / substance abuse treatment
3. Behavioral health assessment
4. Behavioral health treatment
5. Children’s behavioral health service
6. Children’s infant learning
7. Children’s other services
8. Children’s respite
9. Domestic violence counseling
10. Domestic violence shelter
11. Family counseling
12. GED classes /tutoring
13. GED testing
14. Health assessment for capacity to work
15. Homeless shelter
16. Housing subsidy / public housing
17. Job development
18. Transitional housing
19. Work experience placement
20. Other

|  |  |  |  |
| --- | --- | --- | --- |
| Service: | Click here to enter text. | Service Provider: | Click here to enter text. |
| Referred By: | Click here to enter text. | Referral Date: | Click here to enter a date. |
| Client accessed service? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is an appointment scheduled? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is the service available locally within 90 days? |  | [ ]  Yes | [ ]  No |
| If ‘yes’, when? |  | [ ]  > 45 days | [ ]  < 45 days |

|  |  |  |  |
| --- | --- | --- | --- |
| Service: | Click here to enter text. | Service Provider: | Click here to enter text. |
| Referred By: | Click here to enter text. | Referral Date: | Click here to enter a date. |
| Client accessed service? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is an appointment scheduled? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is the service available locally within 90 days? |  | [ ]  Yes | [ ]  No |
| If ‘yes’, when? |  | [ ]  > 45 days | [ ]  < 45 days |

|  |  |  |  |
| --- | --- | --- | --- |
| Service: | Click here to enter text. | Service Provider: | Click here to enter text. |
| Referred By: | Click here to enter text. | Referral Date: | Click here to enter a date. |
| Client accessed service? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is an appointment scheduled? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is the service available locally within 90 days? |  | [ ]  Yes | [ ]  No |
| If ‘yes’, when? |  | [ ]  > 45 days | [ ]  < 45 days |

|  |  |  |  |
| --- | --- | --- | --- |
| Service: | Click here to enter text. | Service Provider: | Click here to enter text. |
| Referred By: | Click here to enter text. | Referral Date: | Click here to enter a date. |
| Client accessed service? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is an appointment scheduled? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is the service available locally within 90 days? |  | [ ]  Yes | [ ]  No |
| If ‘yes’, when? |  | [ ]  > 45 days | [ ]  < 45 days |

|  |  |  |  |
| --- | --- | --- | --- |
| Service: | Click here to enter text. | Service Provider: | Click here to enter text. |
| Referred By: | Click here to enter text. | Referral Date: | Click here to enter a date. |
| Client accessed service? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is an appointment scheduled? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is the service available locally within 90 days? |  | [ ]  Yes | [ ]  No |
| If ‘yes’, when? |  | [ ]  > 45 days | [ ]  < 45 days |

|  |  |  |  |
| --- | --- | --- | --- |
| Service: | Click here to enter text. | Service Provider: | Click here to enter text. |
| Referred By: | Click here to enter text. | Referral Date: | Click here to enter a date. |
| Client accessed service? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is an appointment scheduled? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is the service available locally within 90 days? |  | [ ]  Yes | [ ]  No |
| If ‘yes’, when? |  | [ ]  > 45 days | [ ]  < 45 days |

|  |  |  |  |
| --- | --- | --- | --- |
| Service: | Click here to enter text. | Service Provider: | Click here to enter text. |
| Referred By: | Click here to enter text. | Referral Date: | Click here to enter a date. |
| Client accessed service? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is an appointment scheduled? |  | [ ]  Yes | [ ]  No |
| If ‘no’, is the service available locally within 90 days? |  | [ ]  Yes | [ ]  No |
| If ‘yes’, when? |  | [ ]  > 45 days | [ ]  < 45 days |



**FAMILY PROGRESS REPORT**

**Part D: Quarterly Summary and Recommendations**

FSSP goal (IFSSP for FF):

Click here to enter text.

Challenges:

Click here to enter text.

Activities / Outcomes:

Click here to enter text.

Support Services:

Click here to enter text.

Penalty Actions:

Click here to enter text.

Recommendations including earnings progression, expense reductions:

Click here to enter text.

**FF**

FST members: Click here to enter text.

FST meeting dates: Click here to enter a date. Click here to enter a date. Click here to enter a date.

FST actions: Click here to enter text.