



**FAMILY QUARTERLY PROGRESS
Part B: Case Manager Report**

Quarterly: Annual: Extension:

Name: _____ Client ID: _____ Date: _____
Case Manager: _____ Agency: _____

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
-------	--------------	-----------	-------	---------------	----------------

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

Never	Occasionally	Sometimes	Often	Almost always	Not applicable
-------	--------------	-----------	-------	---------------	----------------

3. 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
-------	--------------	-----------	-------	---------------	----------------

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

Never	Occasionally	Sometimes	Often	Almost always	Not applicable
-------	--------------	-----------	-------	---------------	----------------

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

Never	Occasionally	Sometimes	Often	Almost always	Not applicable
-------	--------------	-----------	-------	---------------	----------------

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

Never	Occasionally	Sometimes	Often	Almost always	Not applicable
-------	--------------	-----------	-------	---------------	----------------

7. 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
-------	--------------	-----------	-------	---------------	----------------

8. 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
-------	--------------	-----------	-------	---------------	----------------

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

Never	Occasionally	Sometimes	Often	Almost always	Not applicable
-------	--------------	-----------	-------	---------------	----------------

10. 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 QUARTERLY PROGRESS

Part C: Access to Service

Quarterly: Annual: Extension:

Name: _____ Client ID: _____ Date: _____
 Case Manager: _____ Agency: _____

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: _____ Service Provider: _____
 Referred By: _____ Referral Date: _____

Client accessed service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If ‘no’, is an appointment scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If ‘no’, is the service available locally within 90 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If ‘yes’, when?	<input type="checkbox"/> > 45 days	<input type="checkbox"/> < 45 days

Service: _____
Referred By: _____
Client accessed service?
If 'no', is an appointment scheduled?
If 'no', is the service available locally within 90 days?
If 'yes', when?

Service Provider: _____
Referral Date: _____
 Yes No
 Yes No
 Yes No
 > 45 days < 45 days

Service: _____
Referred By: _____
Client accessed service?
If 'no', is an appointment scheduled?
If 'no', is the service available locally within 90 days?
If 'yes', when?

Service Provider: _____
Referral Date: _____
 Yes No
 Yes No
 Yes No
 > 45 days < 45 days

Service: _____
Referred By: _____
Client accessed service?
If 'no', is an appointment scheduled?
If 'no', is the service available locally within 90 days?
If 'yes', when?

Service Provider: _____
Referral Date: _____
 Yes No
 Yes No
 Yes No
 > 45 days < 45 days

Service: _____
Referred By: _____
Client accessed service?
If 'no', is an appointment scheduled?
If 'no', is the service available locally within 90 days?
If 'yes', when?

Service Provider: _____
Referral Date: _____
 Yes No
 Yes No
 Yes No
 > 45 days < 45 days

Service: _____
Referred By: _____
Client accessed service?
If 'no', is an appointment scheduled?
If 'no', is the service available locally within 90 days?
If 'yes', when?

Service Provider: _____
Referral Date: _____
 Yes No
 Yes No
 Yes No
 > 45 days < 45 days

Service: _____
Referred By: _____
Client accessed service?
If 'no', is an appointment scheduled?
If 'no', is the service available locally within 90 days?
If 'yes', when?

Service Provider: _____
Referral Date: _____
 Yes No
 Yes No
 Yes No
 > 45 days < 45 days