

Participant Name: _____
Last First MI

Participant ID Number: _____

A1. Reporting Period (Month/Year): ___/___

A2. Check here if program did not have contact with participant during the month:

A3. Check here if individual did not participate in any activity during the month:

****Check All Services Received During Month****

B. Education/Training/Job Placement

- 1. Primary Education, Basic Skills, Pre-GED
- 2. Secondary Education/GED Preparation
- 3. Post-Secondary Education
- 4. English as a Second Language (ESL)
- 5. Job Club/Job Search
- 6. Job Referrals
- 7. OJT/Apprenticeship/Subsidized Job
- 8. Job Skills Training/Vocational Education
- 9. Job Readiness/Life Skills/Pre-Employment
- 10. Job Retention Services
- 11. Other (specify): _____

C. Child Support/Parenting/Visitation:

- 1. Help with Paternity Establishment
- 2. Help with Establishing a Child Support Order
- 3. Help with Modifying a Child Support Order
- 4. Help with Child Support Arrearage
- 5. Help Establishing/Modifying Visitation Order
- 6. Help Establishing/Modifying Custody Order
- 7. Help Dealing with Child Abuse or Neglect
- 8. Help Establishing a Parenting Plan
- 9. Help Getting to Visit Children
- 10. Mediation
- 11. Parenting Education->___ Days Attended in Month
- 12. Other (specify): _____

D. Other Services:

- 1. Peer Support->___ Days Attended in Month
- 2. Transportation Assistance
- 3. Child Care Assistance
- 4. Medical/Dental/Vision Exams and Treatment
- 5. Substance Abuse Treatment/Counseling
- 6. Mental Health Treatment/Counseling
- 7. Vocational Rehabilitation
- 8. Services Related to Anger Management
- 9. Services Related to Partner Abuse
- 10. Housing Placement/Assistance
- 11. Money Management/Budgeting
- 12. Other Legal Assistance
- 13. Clothing/Work Equipment
- 14. Help Obtaining an ID Card
- 15. Case Management
- 16. Other Advocacy/Referral Services
- 17. Other (specify): _____

[Note: Use Form 5 for Changes in Address and Services.]

E. EMPLOYMENT STATUS

E1. Was the participant employed at any time during the reporting month?

- 1. Yes [Go to Question E2.]
- 2. No [Go to Section F.]
- 3. Don't Know [Go to Section F.]

E2. What was participant's employment status at the end of the reporting month (or at last contact)?

- 1. Employed full-time
- 2. Employed part-time
- 3. Employed on temporary basis/worked at pick-up or occasional jobs
- 4. Not working 5. Don't Know

E3. On average (during the month), how many hours did the participant work per week? _____

E4. What was the participant's hourly wage before taxes/deductions? \$_____ per hour

E5. What kind of work did participant do?

E6. Did the participant change or lose a job at any time during the reporting month?

- 1. Yes 2. No 3. Don't Know

E7. If participant changed or lost a job, why?

[Check all that apply.]

- 1. Terminated/Fired 4. Laid-off
- 2. Quit/Resigned 5. Don't Know
- 3. Found Better Job 6. Other: _____

F. OUTCOMES/MILESTONES

F1. Check outcomes/milestones completed during month by participant: [Check all that apply.]

- 1. Completed a GED
- 2. Completed Vocational Training/Education
- 3. Completed Anger Management Class
- 4. Completed Substance Abuse Treatment
- 5. Completed Parenting Education/Curriculum
- 6. Established Paternity
- 7. Established a Child Support Order
- 8. Modified a Child Support Order
- 9. Established/Modified Visitation/Custody Order
- 10. Established a Parenting Plan
- 11. Had a New Child
- 12. Had Contact with a Child/Children
- 13. Other (specify): _____

F2. Project Staff: _____ Date: ___/___/___

F3. Case Notes (continue on reverse side):
