

# FORM 1: INTAKE FORM

A1. Name: Smith John H.

Last First MI

A2. Address: 123 Main St., Apt #5

Cleveland OH  
City State Zip

A3. Home Phone: (216) 987-6543

A4. Work Phone: (216) 987-1234

A5. Pager Number: (216) 987-5433

A6. E-Mail Address: j.smith@mlhcleveland.com

A7. Social Security Number: 123 - 44 - 5678

A8. Where did you hear about the program? [Check all that apply.]

- 1. Hospital paternity establishment program
- 2. Health professional
- 3. Letter from child support agency
- 4. Meeting with child support technician
- 5. Welfare/TANF technician
- 6. Child protection agency/professionals
- 7. Court
- 8. Dept. of Corrections/Juvenile Justice
- 9. Therapist
- 10. Attorney
- 11. School
- 12. Church/faith-based organization
- 13. Friend
- 14. Spouse, ex-spouse, or girlfriend/boyfriend
- 15. Contacted by program staff
- 16. Advertisement/media
- 17. Community organization: \_\_\_\_\_
- 18. Other: \_\_\_\_\_

A9. Are you required to attend this program?

- 1. Yes  2. No

A10. Date of Birth (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_

A11. Gender:  1. Male  2. Female

A12. What is your current marital status?

- 1. Legally married and living with spouse
- 2. Separated  4. Widowed
- 3. Divorced  5. Never married

A13. Do you consider yourself:

- 1. White/Non-Hispanic
- 2. African American/Non-Hispanic
- 3. Hispanic/Latino
- 4. Native American
- 5. Asian American
- 6. Other: \_\_\_\_\_

A14. Are you enrolled in school?  1. Yes  2. No

A15. What is the highest grade in school you have completed? 12

A16. What is the highest degree you have earned?

- 1. None  3. High school diploma
- 2. GED  4. Technical/AA degree
- 5. College degree or higher

A17. In addition to you, who do you normally live with? [Check all that apply.]

- 1. No one, live alone
- 2. One or both of your parents/foster parents
- 3. Your brother(s) or sister(s)
- 4. Your spouse
- 5. Your girlfriend/boyfriend
- 6. Your own children
- 7. Children of spouse/girlfriend/boyfriend
- 8. Other relative(s)
- 9. Friend(s)
- 10. Not applicable (e.g., live in halfway house or shelter)
- 11. Other: \_\_\_\_\_

A18. Do you have any children under the age of 18 who do not live with you?  1. Yes  2. No

A19. Are you or is your girlfriend/partner pregnant?

- 1. Yes  2. No

A20. Do you think you might want help with any of the following? [Check all that apply.]

- 1. Getting to see your children more often
- 2. Finding a job
- 3. Finding a better paying job
- 4. Additional education or training
- 5. Child support payments or debts
- 6. Parenting skills/being a better parent
- 7. Improve relationship with other parent
- 8. Substance abuse treatment/counseling
- 9. Help with anger management
- 10. Health services
- 11. Talking with others in the same situation
- 12. Getting on the right track
- 13. Other: Child care

\*\*\*FOR OFFICE USE ONLY\*\*\*

A21. Is this person appropriate for the program?

- 1. Yes  2. No

A22. Project Staff: Johnson, K Date: 06/25/99

A23. Participant ID Number: 8

A24. Case Notes (continue on reverse side, if needed):

At this time, the individual expressed a →

# FORM 2: ASSESSMENT FORM

Name: Smith John H.  
 Last First MI  
 Participant ID Number: 8

**A. CONTACTS -- Please identify two individuals (not living with you) who will know how to contact you:**

A1. Name: Smith, Beverly S.  
 Address: 1364 Elm St. Apt # 3  
 City: Cleveland Hts. State: OH Zip: 44109  
 Home Phone: (216) 444-3621  
 Work Phone: (216) 436-4324  
 Pager Number: (216) 422-4136  
 Relationship: Mother

A2. Name: Williamson, Roy D.  
 Address: 4327 Euclid St.  
 City: Cleveland State: OH Zip: 44111  
 Home Phone: (216) 432-5825  
 Work Phone: (216) 232-4875  
 Pager Number: (216) 444-2893  
 Relationship: Friend

**B. EMPLOYMENT HISTORY**

B1. During the past 12 months, did you receive: [Check all that apply.]

- 1. TANF
- 2. State/Local General Assistance (GA)
- 3. Supplemental Security Income (SSI)
- 4. Social Security Disability Insurance (SSDI)
- 5. Food Stamps
- 6. Unemployment Insurance (UI) Compensation
- 7. Worker's Compensation
- 8. Veteran's Administration (VA) Benefits
- 9. Other: \_\_\_\_\_

B2. Have you ever been employed?  
 1. Yes  2. No [If no, go to Question C1]

B3. Have you ever been employed full-time?  
 1. Yes  2. No

B4. What is the longest you ever worked for any one employer full-time?  
2 Years and 5 Months

B5. Which best describes your employment in the past 12 months?

- 1. Employed full-time
- 2. Employed part-time
- 3. Employed on temporary basis/worked at pick-up or occasional jobs
- 4. Did not work

B6. During the past 12 months, about how many months did you work full-time? 4 Months

B7. Are you currently employed?  
 1. Yes [Go to Question B8]  
 2. No -- Month/year you left your last Job:    /    [Go to Question B11]

B8. Is this employment full-time or part-time?  
 1. Full-time  2. Part-time

B9. Is the job expected to end within the next 6 months?  
 1. Yes  2. No

B10. Do you have more than one job?  
 1. Yes  2. No

B11. Are you currently looking for another job?  
 1. Yes  2. No

**Complete for your current/most recent job:**

B12. When did you start working for your current/most recent employer? Month/Year: 04/99

B13. Are/were you self-employed?  1. Yes  2. No

B14. What kind of work do/did you do?  
Machinist

B15. How many hours each week do/did you usually work at this job? 20 Hours

B16. What is/was your usual wage before taxes/deductions? \$ 8.50 per:  
 Hour  Day  Week  Two Weeks  
 Semi-Monthly  Monthly  Year

B17. How well does/did this salary cover your financial needs?  
 1. Very well  3. Not very well  
 2. Fairly well  4. Not at all

B18. Does/did this job provide you with...[Check all that apply.]  
 1. Paid vacation  3. Medical coverage  
 2. Paid sick leave  4. None of the above

# FORM 2: ASSESSMENT FORM (CONTINUED)

Participant Name: Smith, John H.

C9. How many people normally live in your household?  
5

### C. EMPLOYMENT/PARENTING ISSUES

- C1. Do you have...
- Yes  No 1. A valid driver's license
  - Yes  No 2. A photo ID
  - Yes  No 3. A Social Security Number
  - Yes  No 4. A birth certificate
  - Yes  No 5. Access to reliable transportation
  - Yes  No 6. A permanent place to live
- C2. Do the following make it hard to find or keep a job...
- Yes  No 1. Health problems or disabilities
  - Yes  No 2. Problems with alcohol/drugs
  - Yes  No 3. Trouble reading or writing
  - Yes  No 4. Problems speaking English
  - Yes  No 5. Lack of a green card
  - Yes  No 6. Lack of child care
  - Yes  No 7. Other: \_\_\_\_\_

- C10. How many children under age 18 do you have?  
3
- C11. With how many different women/men have you had these children? 2
- C12. How many of these children live with you most of the time? 1
- C13. Do you have an order through the court or the child support agency that says you are supposed to pay child support for some or all of your children?  
 1. Yes -- Number of child support orders: 1  
 2. No [Skip to Question C17.]  
 Check box if verified by child support records

- C3. Have you ever been...
- Yes  No 1. Convicted of a misdemeanor
  - Yes  No 2. Convicted of a felony
  - Yes  No 3. Convicted of a violent crime
  - Yes  No 4. Convicted of spousal or child abuse
  - Yes  No 5. In an alcohol/drug abuse treatment program
  - Yes  No 6. Arrested for driving under the influence or driving while intoxicated (DUI/DWI)

Child Support Payments	Self-Reported	Child Support Records
C14. How much are you supposed to pay each month in child support?	\$350	\$382.50
C15. During the past 6 months, about what percentage of the child support you were supposed to pay, did you actually pay?	25%	20%
C16. How much do you owe in back due child support payments?		\$6500.42

- C4. Have you ever been incarcerated in prison or jail for committing a non-child support related offense?  
 1. Yes -- Most recent release date: 07/15/92  
 2. No

- C17. During the past 6 months, have you provided any of these types of support for children of yours who do not live with you? [Check all that apply.]
- 1. Giving money directly to the child or his/her other parent
  - 2. Making car payments, purchasing a car, or loaning your car
  - 3. Paying medical bills
  - 4. Making mortgage or rent payments
  - 5. Purchasing of clothes, furniture, bikes, or other major items
  - 6. Buying diapers
  - 7. Anything else: \_\_\_\_\_
  - 8. None of the above

- C5. Are you currently on...
- Yes  No 1. Probation
  - Yes  No 2. Parole

- C6. Do you have any current charges pending?  
 1. Yes -- What charges? \_\_\_\_\_  
 2. No

C18. Project Staff: Johnson, K Date: 7/14/99

- C7. During the past six months, have you at any time been homeless or lived in an emergency shelter?  
 1. Yes  2. No

- C8. During the past six months, have you at any time lived in a halfway house?  
 1. Yes  2. No

C19. Case Notes (continue on reverse side, if needed):  
Participant has experienced difficulty in obtaining →

# FORM 2: ASSESSMENT FORM (CONTINUED)

Participant Name: Smith, John H.

**D. INFORMATION ABOUT EACH CHILD**  
**[COMPLETE THIS FORM FOR EACH CHILD --**  
**This form is for Child 1 of 3.]**

D1. Child's Name: Barnes Gale M  
Last First MI

D2. Child's Social Security #: 421 - 43 8777

D3. Name of Child's Mother/Father:  
Barnes Jane M  
Last First MI

D4. Child's Date of Birth: 11 / 23 / 89

D5. Child's Gender:  1. Male  2. Female

D6. Do you live with this child's mother/father?  
 1. Always or most of the time  
 2. Some of the time/off and on  
 3. No

D7. Are you, or were you in the past, ever married to this child's mother/father?  
 1. Currently married to her/him  
 2. Previously married to her/him  
 3. Never married to her/him-lived with in past  
 4. Never married to her/him-never lived with in past

D8. Has legal custody for this child ever been decided by the court?  
 1. Yes  
 2. No [Skip to Question D10]  
 3. Don't know [Skip to Question D10]

D9. If yes, what is the custody arrangement:  
 1. Sole legal custody to you  
 2. Sole legal custody to the other parent  
 3. Joint legal custody, but primary physical custody to you  
 4. Joint legal custody, but primary physical custody to the other parent  
 5. Joint legal and physical custody  
 6. Custody to a third party

D10. Is your name on the birth certificate as the legal parent or has paternity been established for this child?  
 1. Yes  2. No  3. Don't know  
 Check box if verified by child support records

D11. Is this child covered by a child support order?  
 1. Yes  2. No  3. Don't know

D12. With whom does the child usually live?  
 1. With you [STOP-FORM COMPLETED]  
 2. With other parent  
 3. With a grandparent  
 4. With another relative  
 5. In a foster home  
 6. Other: \_\_\_\_\_

D13. Do you have a court order saying you can spend time with this child?  
 1. Yes  2. No

D14. Has the court placed any restrictions on your contact with this child?  
 1. Yes  2. No [If no, go to Question D16]

D15. If yes, what kind of restrictions?  
 1. No contact  
 2. No overnights  
 3. Supervised visits only  
 4. Other: \_\_\_\_\_

D16. Do you have a temporary or permanent restraining order against the other parent of this child?  
 1. Yes - Temporary or ex-parte order  
 2. Yes - Permanent or ex-parte order  
 3. No

D17. Does the other parent of this child have a temporary or permanent restraining order against you?  
 1. Yes - Temporary or ex-parte order  
 2. Yes - Permanent or ex-parte order  
 3. No

D18. How many miles do you live from this child? 40

D19. How long has it been since you last saw this child?  
 Months  3 Weeks  2 Days

D20. During the past 12 months, about how often did you see this child?  
 1. Not at all  
 2. About once a year  
 3. Several times a year  
 4. One to three times a month  
 5. About once a week  
 6. Several times a week

FORM 2: ASSESSMENT FORM (CONTINUED)

Participant Name: Smith, John H.

Child Name: Barnes, Gale M. Child 1 of 3

D21. Overall, how satisfied are you with the amount of time you spend with this child?  
 1. Very satisfied      3. Somewhat dissatisfied  
 2. Somewhat satisfied      4. Very dissatisfied

D22. During the past 12 months, how much influence have you had in making major decisions about such things as this child's education, religion and health?  
 1. A great deal      2. Some      3. None

D23. Overall, how would you describe your relationship with this child's other parent?  
 1. Very friendly      4. Somewhat hostile  
 2. Somewhat friendly      5. Very hostile  
 3. Neutral      6. No relationship

D24. Do you think the other parent wants you to have a positive and close relationship with this child?  
 1. Definitely      3. No  
 2. Somewhat      4. Unsure

D25. Over the past 12 months, how much conflict have you and the other parent had on the following:  
[Circle: 1= Great Deal, 2= Some, 3=None]

- 1 2  3 Who has custody of this child
- 1 2  3 Where this child lives
- 1 2 3 How this child is raised
- 1 2 3 Amount/frequency of child support payments
- 1 2 3 When and how often you visit with this child
- 1 2  3 What you do when you visit this child
- 1 2  3 Decisions about this child's education, health, etc.
- 1  2 3 Issues not related to the child

D26. When you and the other parent of this child have a serious disagreement, how often do you:  
[Circle: 1= Often, 2= Occasionally, 3= Never]

- 1  2 3 Just keep your opinions to yourself
- 1 2 3 Discuss your disagreements pretty calmly
- 1  2 3 Argue, yell, and shout at one another
- 1 2  3 End up hitting or throwing things at each other

## FORM 2: ASSESSMENT FORM (CONTINUED)

Participant Name: Smith, John H.

Child Name: Barnes, Peter W Child 2 of 3

D21. Overall, how satisfied are you with the amount of time you spend with this child?

1. Very satisfied       3. Somewhat dissatisfied  
 2. Somewhat satisfied       4. Very dissatisfied

D22. During the past 12 months, how much influence have you had in making major decisions about such things as this child's education, religion and health?

1. A great deal       2. Some       3. None

D23. Overall, how would you describe your relationship with this child's other parent?

1. Very friendly       4. Somewhat hostile  
 2. Somewhat friendly       5. Very hostile  
 3. Neutral       6. No relationship

D24. Do you think the other parent wants you to have a positive and close relationship with this child?

1. Definitely       3. No  
 2. Somewhat       4. Unsure

D25. Over the past 12 months, how much conflict have you and the other parent had on the following:

[Circle: 1= Great Deal, 2= Some, 3=None]

- 1 2  Who has custody of this child  
1 2  Where this child lives  
1  3 How this child is raised  
 2 3 Amount/frequency of child support payments  
 2 3 When and how often you visit with this child  
1  3 What you do when you visit this child  
1 2  Decisions about this child's education, health, etc.  
1  3 Issues not related to the child

D26. When you and the other parent of this child have a serious disagreement, how often do you:

[Circle: 1= Often, 2= Occasionally, 3= Never]

- 1  3 Just keep your opinions to yourself  
 2 3 Discuss your disagreements pretty calmly  
1  3 Argue, yell, and shout at one another  
1 2  End up hitting or throwing things at each other

# FORM 2: ASSESSMENT FORM (CONTINUED)

Participant Name: Smith John tl

**D. INFORMATION ABOUT EACH CHILD**  
**[COMPLETE THIS FORM FOR EACH CHILD --**  
**This form is for Child 2 of 3.]**

D1. Child's Name: Barnes Peter W  
Last First MI

D2. Child's Social Security #: 421 - 44 - 6632

D3. Name of Child's Mother/Father:  
Barnes Jane M  
Last First MI

D4. Child's Date of Birth: 06/12/91

D5. Child's Gender:  1. Male  2. Female

D6. Do you live with this child's mother/father?  
 1. Always or most of the time  
 2. Some of the time/off and on  
 3. No

D7. Are you, or were you in the past, ever married to this child's mother/father?  
 1. Currently married to her/him  
 2. Previously married to her/him  
 3. Never married to her/him-lived with in past  
 4. Never married to her/him-never lived with in past

D8. Has legal custody for this child ever been decided by the court?  
 1. Yes  
 2. No [Skip to Question D10]  
 3. Don't know [Skip to Question D10]

D9. If yes, what is the custody arrangement:  
 1. Sole legal custody to you  
 2. Sole legal custody to the other parent  
 3. Joint legal custody, but primary physical custody to you  
 4. Joint legal custody, but primary physical custody to the other parent  
 5. Joint legal and physical custody  
 6. Custody to a third party

D10. Is your name on the birth certificate as the legal parent or has paternity been established for this child?  
 1. Yes  2. No  3. Don't know  
 Check box if verified by child support records

D11. Is this child covered by a child support order?  
 1. Yes  2. No  3. Don't know

D12. With whom does the child usually live?  
 1. With you [STOP-FORM COMPLETED]  
 2. With other parent  
 3. With a grandparent  
 4. With another relative  
 5. In a foster home  
 6. Other: \_\_\_\_\_

D13. Do you have a court order saying you can spend time with this child?  
 1. Yes  2. No

D14. Has the court placed any restrictions on your contact with this child?  
 1. Yes  2. No [If no, go to Question D16]

D15. If yes, what kind of restrictions?  
 1. No contact  
 2. No overnights  
 3. Supervised visits only  
 4. Other: \_\_\_\_\_

D16. Do you have a temporary or permanent restraining order against the other parent of this child?  
 1. Yes - Temporary or ex-parte order  
 2. Yes - Permanent or ex-parte order  
 3. No

D17. Does the other parent of this child have a temporary or permanent restraining order against you?  
 1. Yes - Temporary or ex-parte order  
 2. Yes - Permanent or ex-parte order  
 3. No

D18. How many miles do you live from this child? 40

D19. How long has it been since you last saw this child?  
 Months  3 Weeks  2 Days

D20. During the past 12 months, about how often did you see this child?  
 1. Not at all  
 2. About once a year  
 3. Several times a year  
 4. One to three times a month  
 5. About once a week  
 6. Several times a week

# FORM 2: ASSESSMENT FORM (CONTINUED)

Participant Name: Smith John H.

### D. INFORMATION ABOUT EACH CHILD [COMPLETE THIS FORM FOR EACH CHILD - This form is for Child 3 of 3.]

D1. Child's Name: Patterson Joanne K.  
Last First MI

D2. Child's Social Security #: 431 - 42 - 8211

D3. Name of Child's Mother/Father:  
Patterson Susan P  
Last First MI

D4. Child's Date of Birth: 04 / 11 / 99

D5. Child's Gender:  1. Male  2. Female

D6. Do you live with this child's mother/father?  
 1. Always or most of the time  
 2. Some of the time/off and on  
 3. No

D7. Are you, or were you in the past, ever married to this child's mother/father?  
 1. Currently married to her/him  
 2. Previously married to her/him  
 3. Never married to her/him-lived with in past  
 4. Never married to her/him-never lived with in past

D8. Has legal custody for this child ever been decided by the court?  
 1. Yes  
 2. No [Skip to Question D10]  
 3. Don't know [Skip to Question D10]

D9. If yes, what is the custody arrangement:  
 1. Sole legal custody to you  
 2. Sole legal custody to the other parent  
 3. Joint legal custody, but primary physical custody to you  
 4. Joint legal custody, but primary physical custody to the other parent  
 5. Joint legal and physical custody  
 6. Custody to a third party

D10. Is your name on the birth certificate as the legal parent or has paternity been established for this child?  
 1. Yes  2. No  3. Don't know  
 Check box if verified by child support records

D11. Is this child covered by a child support order?  
 1. Yes  2. No  3. Don't know

D12. With whom does the child usually live?  
 1. With you [STOP-FORM COMPLETED]  
 2. With other parent  
 3. With a grandparent  
 4. With another relative  
 5. In a foster home  
 6. Other: \_\_\_\_\_

D13. Do you have a court order saying you can spend time with this child?  
 1. Yes  2. No

D14. Has the court placed any restrictions on your contact with this child?  
 1. Yes  2. No [If no, go to Question D16]

D15. If yes, what kind of restrictions?  
 1. No contact  
 2. No overnights  
 3. Supervised visits only  
 4. Other: \_\_\_\_\_

D16. Do you have a temporary or permanent restraining order against the other parent of this child?  
 1. Yes - Temporary or ex-parte order  
 2. Yes - Permanent or ex-parte order  
 3. No

D17. Does the other parent of this child have a temporary or permanent restraining order against you?  
 1. Yes - Temporary or ex-parte order  
 2. Yes - Permanent or ex-parte order  
 3. No

D18. How many miles do you live from this child? \_\_\_\_\_

D19. How long has it been since you last saw this child?  
\_\_\_\_ Months \_\_\_\_ Weeks \_\_\_\_ Days

D20. During the past 12 months, about how often did you see this child?  
 1. Not at all  
 2. About once a year  
 3. Several times a year  
 4. One to three times a month  
 5. About once a week  
 6. Several times a week



## FORM 2: ASSESSMENT FORM (CONTINUED)

Participant Name: Smith, John H.

Child Name: Patterson, Joanne K Child 3 of 3

D21. Overall, how satisfied are you with the amount of time you spend with this child?

1. Very satisfied       3. Somewhat dissatisfied  
 2. Somewhat satisfied       4. Very dissatisfied

D22. During the past 12 months, how much influence have you had in making major decisions about such things as this child's education, religion and health?

1. A great deal       2. Some       3. None

D23. Overall, how would you describe your relationship with this child's other parent?

1. Very friendly       4. Somewhat hostile  
 2. Somewhat friendly       5. Very hostile  
 3. Neutral       6. No relationship

D24. Do you think the other parent wants you to have a positive and close relationship with this child?

1. Definitely       3. No  
 2. Somewhat       4. Unsure

D25. Over the past 12 months, how much conflict have you and the other parent had on the following:

[Circle: 1= Great Deal, 2= Some, 3=None]

- 1 2 3 Who has custody of this child  
1 2 3 Where this child lives  
1 2 3 How this child is raised  
1 2 3 Amount/frequency of child support payments  
1 2 3 When and how often you visit with this child  
1 2 3 What you do when you visit this child  
1 2 3 Decisions about this child's education, health, etc.  
1 2 3 Issues not related to the child

D26. When you and the other parent of this child have a serious disagreement, how often do you:

[Circle: 1= Often, 2= Occasionally, 3= Never]

- 1 2 3 Just keep your opinions to yourself  
1 2 3 Discuss your disagreements pretty calmly  
1 2 3 Argue, yell, and shout at one another  
1 2 3 End up hitting or throwing things at each other

# FORM 3: PARTICIPANT SERVICE NEEDS

Participant Name: Smith John H.  
Last First MI

Participant ID Number: 8

**\*\*Note: Based on participant assessment, check box of each service needed by the participant\*\***

**A. Education/Training/Job Placement Needs:**

- 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): \_\_\_\_\_

**B. Child Support/Parenting/Visitation Needs:**

- 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
- 12. Other (specify): \_\_\_\_\_

**C. Other Service Needs:**

- 1. Peer Support
- 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): \_\_\_\_\_

**D. Post-Assessment Case Status:**

D1. Were any of the services court-ordered, required as part of a child neglect or abuse case, or required as a condition of parole or probation?  
 1. Yes  2. No  3. Don't know

D2. Enrollment Status:  
 1. Enrolled in program as of: MM/DD/YY: 07/20/99  
 2. Not enrolled in program

D3. Project Staff: Johnson, K  
Date: 07/21/99

D4. Case Notes (continue on the reverse side, if needed):

Participant needs help  
obtaining a referral for  
substance abuse treatment.  
He has also fallen into  
debt and is having  
difficulty making his  
monthly child support  
payments because he  
is only working a part-  
time job. He has  
expressed a desire to  
participate in a peer  
support group, but is  
uncertain he can  
make the sessions  
because of a changing  
work schedule and  
problems with his car.

# FORM 4: MONTHLY TRACKING FORM

Participant Name: Smith John H.  
 Last First MI

Participant ID Number: 8

A1. Reporting Period (Month/Year): 07/99

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-> 1 Days Attended in Month
- 12. Other (specify): \_\_\_\_\_

**D. Other Services:**

- 1. Peer Support-> 2 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? 24

E4. What was the participant's hourly wage before taxes/deductions? \$ 8.50 per hour

E5. What kind of work did participant do?  
Machinist

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: Johnson, K Date: 07/31/99

F3. Case Notes (continue on reverse side):  
 \_\_\_\_\_

# FORM 4: MONTHLY TRACKING FORM

Participant Name: Smith John H  
Last First MI

Participant ID Number: 8

A1. Reporting Period (Month/Year): 8 / 99

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-> 6 Days Attended in Month
- 12. Other (specify): \_\_\_\_\_

**D. Other Services:**

- 1. Peer Support-> 5 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? 20

E4. What was the participant's hourly wage before taxes/deductions? \$ 8.75 per hour

E5. What kind of work did participant do?

Machinist

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
- 2. Quit/Resigned
- 3. Found Better Job
- 4. Laid-off
- 5. Don't Know
- 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: Johnson, K Date: 8 / 30 / 99

F3. Case Notes (continue on reverse side):

Participant continues to make ->

# FORM 4: MONTHLY TRACKING FORM

Participant Name: Smith John H  
Last First MI

Participant ID Number: 8

A1. Reporting Period (Month/Year): 9 / 99

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
- 2. Quit/Resigned
- 3. Found Better Job
- 4. Laid-off
- 5. Don't Know
- 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: Johnson, K Date: 9/30/99

F3. Case Notes (continue on reverse side):

Participant dropped out of sight ->

# FORM 4: MONTHLY TRACKING FORM

Participant Name: Smith John H  
 Last First MI

Participant ID Number: 8

A1. Reporting Period (Month/Year): 10 / 99

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-> 11 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? 18

E4. What was the participant's hourly wage before taxes/deductions? \$ 8.75 per hour

E5. What kind of work did participant do?

Machinist

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
- 2. Quit/Resigned
- 3. Found Better Job
- 4. Laid-off
- 5. Don't Know
- 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: Johnson K Date: 11 / 03 / 99

F3. Case Notes (continue on reverse side):

Participant returned to →

# FORM 4: MONTHLY TRACKING FORM

Participant Name: Smith John H  
Last First MI

Participant ID Number: 8

A1. Reporting Period (Month/Year): 11 / 99

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-> 5 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? 18

E4. What was the participant's hourly wage before taxes/deductions? \$ 8.75 per hour

E5. What kind of work did participant do?

Machinist

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: Johnson, K Date: 11 / 30 / 99

F3. Case Notes (continue on reverse side):

# FORM 4: MONTHLY TRACKING FORM

Participant Name: Smith John H  
Last First MI

Participant ID Number: 8

A1. Reporting Period (Month/Year): 12 / 99

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? 40

E4. What was the participant's hourly wage before taxes/deductions? \$ 9.00 per hour

E5. What kind of work did participant do?

Machinist

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: Johnson K. Date: 01 / 03 / 00

F3. Case Notes (continue on reverse side):



# FORM 4: MONTHLY TRACKING FORM

Participant Name: Smith John H.  
Last First MI

Participant ID Number: 8

A1. Reporting Period (Month/Year): 01/00

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? 40

E4. What was the participant's hourly wage before taxes/deductions? \$ 9.00 per hour

E5. What kind of work did participant do?

Machinist

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
- 2. Quit/Resigned
- 3. Found Better Job
- 4. Laid-off
- 5. Don't Know
- 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: Johnson, K Date: 02/03/00

F3. Case Notes (continue on reverse side):

Participant completed all ->

# FORM 5: CHANGE IN SERVICE NEEDS, CHANGE OF ADDRESS, AND CASE CLOSING FORM

Participant Name: Smith John H  
Last First MI

Participant ID Number: 8

Type of Action:  1. Change in Service Needs  
 2. Address Changes  3. Case Closing

**CHANGE IN SERVICE NEEDS (\*\*Note: Use  
"N" to Indicate New Service Need and  
"D" to Indicate Dropped Service Need)**

**A. Education/Training/Job Placement Needs:**

- 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): \_\_\_\_\_

**B. Child Support/Parenting/Visitation Needs:**

- 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
- 12. Other (specify): \_\_\_\_\_

**C. Other Service Needs:**

- 1. Peer Support
- 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

**C. Other Service Needs (Continued):**

- 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): \_\_\_\_\_

**D. ADDRESS CHANGES**

**D1. Address Change - Participant**

New Address: 1588 West End St.  
 City: Euclid State: OH Zip: 44109  
 Home Phone: (216) 444-3332  
 Work Phone: (216) 987-1234  
 Pager Number: ( )  
 E-Mail Address: \_\_\_\_\_

**D2. Address Change - Contact Person**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( )  
 Work Phone: ( )  
 Pager Number: ( )  
 Relationship: \_\_\_\_\_  
 New Contact - Replace Contact:  #1  #2  
 Change in Data on Existing Contact

**E. CASE CLOSING**

E1. Date Case Closed: \_\_\_/\_\_\_/\_\_\_

E2. Reason for Termination:

- 1. Completed program services
- 2. Dropped out/lost track of participant
- 3. Moved to another locality
- 4. Referred to another program
- 5. Terminated for non-compliance
- 6. Other: \_\_\_\_\_

**F. PROJECT STAFF/CASE NOTES**

F1. Project Staff: Johnson K Date: 11 / 03 / 99

F2. Case Notes (continue on reverse side):  
\_\_\_\_\_  
\_\_\_\_\_

# FORM 5: CHANGE IN SERVICE NEEDS, CHANGE OF ADDRESS, AND CASE CLOSING FORM

Participant Name: Smith John H  
Last First MI

Participant ID Number: 8

Type of Action:  1. Change in Service Needs  
 2. Address Changes  3. Case Closing

**CHANGE IN SERVICE NEEDS (\*\*Note: Use  
"N" to Indicate New Service Need and  
"D" to Indicate Dropped Service Need)**

**A. Education/Training/Job Placement Needs:**

- 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): \_\_\_\_\_

**B. Child Support/Parenting/Visitation Needs:**

- 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
- 12. Other (specify): \_\_\_\_\_

**C. Other Service Needs:**

- 1. Peer Support
- 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

**C. Other Service Needs (Continued):**

- 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): \_\_\_\_\_

**D. ADDRESS CHANGES**

**D1. Address Change - Participant**

New Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Pager Number: (\_\_\_\_) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**D2. Address Change - Contact Person**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Pager Number: (\_\_\_\_) \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 New Contact - Replace Contact:  #1  #2  
 Change in Data on Existing Contact

**E. CASE CLOSING**

E1. Date Case Closed: 01 / 21 / 00

- E2. Reason for Termination:
- 1. Completed program services
  - 2. Dropped out/lost track of participant
  - 3. Moved to another locality
  - 4. Referred to another program
  - 5. Terminated for non-compliance
  - 6. Other: \_\_\_\_\_

**F. PROJECT STAFF/CASE NOTES**

F1. Project Staff: Johnson, K Date: 02/03/00

F2. Case Notes (continue on reverse side):  
\_\_\_\_\_  
\_\_\_\_\_