I. Introduction

II. Attachment K

The monthly progress report should be completed for a reporting period of one month, if the report is written on the last day of the month due to the referral being made the first day of the month or the last day of the month due to the referral being made the last day of the month due to a different referral. The monthly progress report should be completed for a reporting period of one month, if the report is written on the last day of the month due to the referral being made the first day of the month or the last day of the month due to a different referral.

Information from various agencies will be able to make the best decisions after accessing accurate information throughout the state so that judges who are inundated with numerous forms of information can receive timely reports. This way DCS will know what to expect, will be able to see how well the case is proceeding, and will be able to schedule court appearances. Each agency or entity report is addressed accordingly, although some of the information may not be applicable. Each report or entity report is addressed accordingly, although some of the information may not be applicable.
II. Individual Service Standard Monthly Report

Sign the report and put the date of report next to the signature.

Case Plan/CFMW Goals:

Overview: To focus on the goals/objectives of the treatment plan, referral goals, and/or DCS

Progress towards the goals/objectives is detailed below, and progress is related to the family's

Proposal: Prioritize and customize the family's needs as needed, and provide details about the family's

Recommendations: Provide recommendations regarding the

Alcohol:

Example of What NOT to Do: Lisa and Joe are really nice but use drugs and

Example: Lisa and Joe Smith have developed a support system

Family Functional Strengths: List the family's functional strengths

By the Provider Agency:

Updated referral and the initial assessment issues found during the assessment completed

Reason for Referral and Referral Issues: List the reasons listed on the initial referral or

Home Based Therapy: Sam Steele

Home Based Casework: Joe Schmoe

Example: List service standard and provider agency staff for each service
Intervention can be documented.

Family/Co-performers: This is another place where the family’s reaction to the

programmed and another is not progressed. Both things should be documented.

Family/individuals/multiple family members towards the goal. If one person is

Progress Summary: Toward goal: Document the progress of each person of the

response of the family to those interventions.

Narrative Discussion of Services Provided: For this goal during the month. This would

be identified on this line.

DCS Service Goal: This is the area where providers have been identified to work toward

goals that have been identified in the plan or in the CTP. One goal

Family calls after the appointment time when this should be noted.

Appointment is canceled the appointment and/or does not come to the appointment. If the

No shows: This is to be documented when the family has not canceled you prior to the

any other reason.

Number of appointments canceled by provider. This would be due to the

Number of appointments canceled by family. This would be when the family calls

place in two or more places.

A. For example: Office, in the community, home, other. The intervention could

Location: Place where intervention occurred.

Method: Phone, face to face, etc.

Duration: Amount of time spent in contact with the client(s).

Time: Time the contact started.

Contact Date: Date of the actual contact/meeting or contact/visit with the family

(If this would be then you meet with the family for this amount of time)

A. For example: Number of Service Units Delivered to End of Report Period: 10

Number of units used during the month of the report.
I/1/12

B. For example: January 15, 2012—January 31, 2012 (between received on
throughout the entire month.
A. For example: January 1, 2012—January 31, 2012 (services offered throughout
answered.
new referral or end date before the end of the month, the actual date is and from can be
then present throughout the entire month. However, if the service began before the end of
Report Period: This should be the entire month if services were offered throughout

1. Monthly Vision Report

Date: [Date]
Signature: [Signature of Worker]

daughter because she does not let daughter talk about the abuse.
her daughter experienced. It is important to allow each to process the
interaction to deal with the emotional abuse and depression over the process.
addiction.func will need an assessment to determine if there is a need for
Issues issues from the child and the week just revealed to the therapists. In
increase therapy session to at least five times per week. It is monere, to address her
Goal of change she is capable of produce her daughter in the future. However, to meet the
surrounding her goal. Her daughter became more independent. However, to meet the
issues working in individual therapy once every other week to address the issues.

A. For example: Recommendation: Reuniting Services for Goal: Building func has been

the goal of make recommendations for other services that need to be added.
Recommendation regarding services for Goal: While what services need to occur to meet

recommendation for worker safety concern.

were to be established in the home for worker safety concern.

worker reasonably the application and asked her some ground rules would
was allowed at the house and that Randall was just mood. The
asked to look at him to stand up and look at him to sit down and be able. Regina asked her the worker.
then need to close the door in the worker’s face. Regina asked the door
the worker sitting “Don’t ever come back here again. I will beat you up”.

B. For example: Family Cooperativeness: Randall was angry and hostile toward

might have made her feel vulnerable to other men while she was growing up.

the moment. She was able to work through how being molested by her father
history. She was initially hesitant but seemed to open up more by the end of
decided with some reflection that she wanted to work on the trauma
her on the official lead prior trauma could have on her decision making. She

A. For example: Family Cooperativeness: Alison was quite upset when I

suggested during the therapy session that we discuss her past abusive history as
contract. This would include the Foster family cancelling due to illness, weather, this includes only visits or appointments cancelled prior to the scheduled time of the number of appointments cancelled by the Foster Family. This does not include no shows – other relatives or non-relatives. This would include people not initially involved in the

1. Those Present: List all persons present during the contact including parents, children,

A. Location: Where the contact actually took place

A. For example: in the community, home, Office,

B. Method: This is the way the contact occurred

B. For example: face to face (F2F), phone (P), collateral contact (C), DCS

C. Duration: How long the contact occurred

Time: Time actual contact begins

D. Other contact

E. Contact Date: Date that the contact was made: whether face to face, phone, text or service period.

Number of Service Units Delivered: How many were actually used during that

Number of Service Units Authorized: How many units did the referral authorize for

Service: When one, include both names

Service Provider: Which provider provided this service for this time period (if more than one include both names)

Case Manager/Provision Officer: Which FCM/Provision Officer

Referral Agency: Which DCS office/provision office

C. For example: January 1, 2012-January 21, 2012 (referral ended on 1/21/12)

Children: Names of all the children the report refers to

Parent(s) Names: Put the names of the parents or other caregivers here

Contacting Visitation

Casework Visitation, or HB Therapy Visitation or Homemaker Visitation or
Observation Narrative: This is the "meat" of the report. This should include as much

hour with the child(ren). Everyone left at 9:15 a.m. when the visit ended.
the visit last at 8:05 a.m. The visit ran until 9:05 a.m. to give the parents a full
8:00 a.m. visit. The foster parents brought Cooper Moore and Kayla Moore to

A. For Example: Heather Moore and Jason Moore arrived at 7:50 a.m. for the

they arrived and the times they left.
Attendance at visit: All people involved in the visit should be listed with the times
Fully supervised, partially supervised, unsupervised, supervised, etc.
Date of visit: This would be the day of the visit where it occurred, and whether it was

V. Visit Documentation Report (send within 3 days)

Date: Date of report
Signature: Worker’s Signature

more visitations, or a recommendation for fewer visitations.
more visitations, or a recommendation for fewer visitations.
more visitations. This could include a continuation of the stimulus recommendations
should occur. Then recommendations should be made about what should occur for
of progress. Then recommendations should be made about what should occur for
she show the family progress. Then show the family is
moving forward. During visitations, if the family is not showing progress then
During visitations, show the family is
Revised: Written, summarized: This would be written, summarized, or known, for each family
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Foster Parent: This could be the foster parent(s) or the service provider who are
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Reason for Referral and Preventing Issues: This would be the things listed on the
Reason for Referral and Preventing Issues: This would be the things listed on the

No Shows: This would include any visit where the biological family does not show up
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Number of Angelinos cancelled by the provider: This includes anything cancelled
Number of Angelinos cancelled by the provider: This includes anything cancelled

member of the family as a whole.
member of the family as a whole.

Family Functional Strengths: List the strengths witnessed or known, for each family
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Assessments done by the provider or others.
Assessments done by the provider or others.

Date: Date the signature was made.

Signature: Signature of service provider actually monitoring the visit.

of the child(ren).

Visits. This should be determined by the ability of the parents and the comfort level.

This should include a recommendation regarding the supervision level of child(ren) during a visit. This should not be the same from one visit to another.

Observed Issues. This would be areas of need exhibited by the parents or child(ren).

Observed Sharing. Any observed sharing of the parents or child(ren) of their.

Any issues from parents or child(ren) can be included in this section.

Complete something or do something for the next visit this should be documented.

The parent(s) to meet the child(ren) needs. If the visit supervisor addresses the parents to inappropriate behavior or deviations by the parent, the ability and willingness of the provider. Any inclusion, any time the visitation supervisor has to intervene during the visit to