

MENTAL HEALTH/SUBSTANCE ABUSE/DOMESTIC VIOLENCE/FAMILY PRESERVATION PROGRAM SERVICE PROVIDER PROGRESS REPORT

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Reply To:
Attention: _____

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OUR RECORDS INDICATE THAT THE FOLLOWING PARTICIPANT IS RECEIVING SERVICES IN YOUR PROGRAM. VERIFICATION OF PROGRESS IS NEEDED FOR HIS/HER CONTINUING ELIGIBILITY TO CalWORKs. PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ABOVE ADDRESS WITHIN 14 CALENDAR DAYS FROM THE POST DATE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GAIN SERVICES WORKER AT THE PHONE NUMBER USED AT THE BOTTOM OF THIS FORM.

A - Completed by GSW//CCM

Participant:		Case No.:		
Social Security No.:		Date of Birth:		
GAIN Services Worker:	File No.:	Date:	Telephone No.:	Fax No.:

B - Completed by Service Provider (Complete and return to the GSW/CCM within 5 workdays)

I. TYPE OF PRIMARY SERVICE

- Mental Health Substance Abuse Family Preservation
- Domestic Violence (DV) Case Management Domestic Violence (DV) Legal Services

II. DUAL DIAGNOSIS (if applicable)

- Mental Health Substance Abuse DV Case Management DV Legal Services

III. PROGRESS (Complete as applicable)

The above referenced CalWORKs participant:

- is participating and maintaining progress consistent with the above Supportive Services activity.
- is currently attending/receiving Supportive Services _____ hours/week in:
 - Mental Health Substance Abuse DV Case Management DV Legal Services
- is receiving treatment/services 32 or more hrs/week: Yes No If no, number of hrs/week: _____
(Participant may be considered full time.)
- is now able to include DV activity in the WtW Plan.
- successfully completed services on ____/____/____.
- is no longer receiving services under this contract effective ____/____/____ for:
 - Mental Health Substance Abuse DV Case Management DV Legal Services
- has dropped out of services effective ____/____/____.
- is expected to complete services ____/____/____ (if less than 90 days).
 - Mental Health Substance Abuse DV Case Management DV Legal Services recommends
- recommends an extension of the Supportive Services activity until ____/____/____ (more than 90 days).

IV. CONCURRENT ACTIVITY (Recommended concurrent activity within six (6) months from start date of services)

The above referenced CalWORKs participant:

- DV only, is able to participate in another WtW activity: _____ hours/week _____ days/week _____ outside of a WtW Plan. (Participant shall be eligible for an exemption and still participate in GAIN as an exempt volunteer.)
- is able to participate in another WtW activity: _____ hours/week _____, days/week _____ within the WtW plan.

Service Provider:	Position:	Phone No.:	Date:
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