

## MONTHLY PROGRESS FORM

1877627479

### OHTP Monthly Progress Form



**Record Management:**

Month/Year of Report:  /  Agency Client ID Code:

Client Name:

Staff ID Code:  Agency:  Applewood  Bellefaire  Lifeworks

**Domains Addressed This Month:**

- Community Life Functioning   
  Educational Opportunities   
  Employment & Career Planning  
 Living Situation   
  Permanent Connections   
  Personal Effectiveness/Well-Being

**Targets Addressed This Month:**

- |  |   |
|--|---|
| <p>1. <input type="checkbox"/> Identifying and Accessing Community Resources<br/>Time (Minutes) <input type="text"/></p> <p>2. <input type="checkbox"/> Participation in Pro-Social Activities<br/>Time (Minutes) <input type="text"/></p> <p>3. <input type="checkbox"/> Academic &amp; Educational Training &amp; Support<br/>Time (Minutes) <input type="text"/></p> <p>4. <input type="checkbox"/> Employability/Career &amp; Vocational Planning (including job related social skills)<br/>Time (Minutes) <input type="text"/></p> <p>5. <input type="checkbox"/> Obtaining &amp; Maintaining Safe &amp; Stable Housing<br/>Time (Minutes) <input type="text"/></p> <p>6. <input type="checkbox"/> Safety: Personal, Fire, Community &amp; Apartment (including transportation)<br/>Time (Minutes) <input type="text"/></p> <p>7. <input type="checkbox"/> Healthy Relationships: Peers, Family, Significant Others, Permanent Connections<br/>Time (Minutes) <input type="text"/></p> <p>8. <input type="checkbox"/> Budgeting &amp; Money Management (including income tax)<br/>Time (Minutes) <input type="text"/></p> | <p>9. <input type="checkbox"/> Consumer Skills<br/>Time (Minutes) <input type="text"/></p> <p>10. <input type="checkbox"/> Effective Communication &amp; Social Skills Training<br/>Time (Minutes) <input type="text"/></p> <p>11. <input type="checkbox"/> Futures Planning: Goal Setting, Time Management &amp; Road Maps<br/>Time (Minutes) <input type="text"/></p> <p>12. <input type="checkbox"/> Healthy Lifestyle: Health, Sexual Health, Nutrition, Hygiene, Grooming, Cleanliness, Self-Esteem/Self-Worth<br/>Time (Minutes) <input type="text"/></p> <p>13. <input type="checkbox"/> Prevention Maintenance Planning (including Chemical Dependency Education)<br/>Time (Minutes) <input type="text"/></p> <p>14. <input type="checkbox"/> Problem Solving &amp; Decision Making Skills<br/>Time (Minutes) <input type="text"/></p> <p>15. <input type="checkbox"/> Stress/Anger Management &amp; Coping Skills<br/>Time (Minutes) <input type="text"/></p> <p>16. <input type="checkbox"/> Other<br/><input type="text"/><br/>Time (Minutes) <input type="text"/></p> |
|--|---|

**Service Referrals:**

Services	New Referrals Made This Month		Referrals TAY Participated In This Month		Referrals That Benefitted TAY This Month	
	Yes	No	Yes	No	Yes	No
Educational Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Assistance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual/Developmental Disability Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pro-Social Activities or Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use/Abuse Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Services (Please Specify in Space Below):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Staff Signature: \_\_\_\_\_ Today's Date:  /  /

Send completed forms to: [OHTPteleform@wingspancg.org](mailto:OHTPteleform@wingspancg.org)