

607 E Lincolnway

Valparaiso, IN 46383

(219)548-8727

**Monthly Progress Report**

Patricia Burtless

**Report Period: January 1, 2012 to January 31, 2012**

|  |  |
| --- | --- |
| **Parent(s) Name** | **Patricia Burtless** |
| **Child(ren)** |  |
| **Referral Agency:** | **Porter** |
| **Case Manager/Probation Officer:** | **Nicole Eklund** |
| **List Service Standard** | **Provider Agency Staff for each Service** |
| **10808.7979 SUBSTANCE USE OUTPATIENT TREATMENT- FAM** | **Kecia Blakely** |

**Reason for Referral and Presenting Issues:**

**Drug treatment for Patti Burtless, Parenting skill development, and individual treatment to process and build her self esteem up.**

**Family Functional Strengths:**

Client is not participating in treatment, it is not assisting with her goal of reunification with her daughter.

**Overall recommendations and progress summary:**

Client should not began the reunification process until she has completed all service plan goals identified by DCS and by the client’s treatment plan.

**Next scheduled contact with family:**

Client has not participated in any services this month. Client has either canceled or no showed for treatment. Because of the client’s lack of attentiveness to treatment, and multiple missed appointments the client has been asked to call in at least 24 hours early to inform the office staff if she will have a standing appointment with her therapist. Client’s DCS case manager is aware of the client’s lack of treatment participation and has approved the services to occur the way it is outlined above.

**Signature Date:**

**Individual Service Standard Monthly Report**

**Patricia Burtless**

**Report Period: January 1, 2012 to January 31, 2012**

***Complete the following information for each DCS service standard***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Provide (Service Standard)** | | | **10808.7979 SUBSTANCE USE OUTPATIENT TREATMENT- FAM** | | |
| **Begin/End Date of Referral:** | | | **12/01/2012 to 05/31/2013** | | |
| **Service Provider Staff** | | | **Kecia Blakely** | | |
| **Number of Service Unit Authorized** | | | **12** | | |
| **Number of service units delivered to end of report period** | | |  | | |
| **Contact Date** | **Time** | **Duration** | **Method** | **Location** | **Those Present** |
| **1/3/13** |  |  |  |  | **No call/No Show** |
| **1/10/13** |  |  |  |  | **Client Canceled** |
| **1/17/13** |  |  |  |  | **No Call/No Show** |
| **1/31/13** |  |  |  |  | **No call/ No show** |

**\*Method includes such things as Face to Face(ff), Phone(ph), Collateral Contacts(cc), DCS Contacts(dcs), CFTM Attendance (cftm), Court Testimony (ct), ‘**

|  |  |
| --- | --- |
| **Number of Appointments cancelled by Family** | **1** |
| **Number of Appointments cancelled by Provider** | **0** |
| **No Shows** | 3 |

***Complete the following for each Goal: (Duplicate as needed)***

|  |
| --- |
| **DCS Service Goal:** |
| **Narrative Discussion of Services provided for this goal during month:** Client has not participated in any services this month. Client has canceled or either no showed for treatment. Because of the client’s lack of attentiveness to treatment, and multiple missed appointments the client has been asked to call in at least 24 hours early to inform the office staff is she will have a standing appointment with the office. Client’s DCS case manager is aware of the client’s lack of treatment participation and has approved the services to occur the way it is outlined above. |
| **Progress Summary toward goal:** Client is not participating in treatment, it is not assisting with her goal of reunification with her daughter. |
| **Family cooperativeness:**  N/A |
| **Recommendation regarding services for goal (Continue: Reason or End: Reason)**  Client should not began the reunification process until she has completed all service plan goals identified by DCS and by the client’s treatment plan. |

**Signature Date**