

FORM 3: MONTHLY TRACKING FORM

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Revised 7/16/03

Participant Name: _____
Last First MI

A1. Reporting Period (Month/Year): ____/____

A2. Check here if program did not have contact with participant during the month:

A3. Number of hours father participated in program activities ____

****Check All Services Participant Received from Program During Month****

B. Education/Training/Job Placement

- 1. GED Preparation
- 2. English as a Second Language (ESL)
- 3. Job Search/Job Referrals
- 4. OJT/Apprenticeship/Subsidized Job
- 5. Job Skills Training
- 6. Job Readiness/Life Skills/Pre-Employment
- 7. Job Retention Services
- 8. Other (specify): _____

C. Child Support/Parenting/Visitation:

- 1. Help with Paternity Establishment
- 2. Help with Establishing a Child Support Order
- 3. Help with Current Child Support Order (modification, arrearage, etc.)
- 4. Help Dealing with Child Abuse or Neglect
- 5. Help Establishing a Parenting Plan
- 6. Help Getting to visit Children
- 7. Parenting Education
- 8. Other (specify): _____

D. Other Services

- 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. Services Related to Anger Management
- 8. Services Related to Partner Abuse
- 9. Housing Placement/Assistance
- 10. Money Management/Budgeting
- 11. Legal Assistance

- 12. Clothing/Work Equipment
- 13. Help Obtaining an ID Card
- 14. Other Advocacy/Referral Services
- 15. Other (specify) _____

E. Marital Status/Family

- E1. What is the father's current marital status?
- 1. Legally married and living with spouse
 - 2. Not married
 - 3. Other (specify): _____
- E2. Check here if participant is currently living with mother of the baby.
- E3. Check here if Check if participant is living with his biological child/children.
- E4. Check here if participant had a new child during the month.

F. Employment Status

- F1. 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. Temporary/Pick-up/Occasional jobs
 - 4. Did not work
- F2. What was the participant's wages before taxes/deductions? \$ ____ per hour
- F3. What kind of work did participant do?

- F4. How did participant's employment status change over the last month? [**Check all that apply**]
- 1. Found Better Job
 - 2. Newly Employed
 - 3. Promotion
 - 4. Quit/Resigned
 - 5. Laid Off
 - 6. No Change
 - 7. Don't Know
 - 8. Other: _____

G. Child Abuse Indicators

- G1a. Check here if participant was in contact with DPRS/CPS last month.
- B1b. If yes, list reason: _____
- G2a. Check here if child abuse substantiated in the last month?
- G2b. If yes, list types: _____

