

MONTHLY SERVICE REPORT

Client Name: _____ SS#: _____

Counselor: _____ Report Period: _____

Job Goal or Employment: _____

Type of Service Provided

| SERVICE | AUTHORIZED | PROVIDED THIS MONTH | PROVIDED TOTAL | SERVICES REMAINING |
|---------------|------------|---------------------|----------------|--------------------|
| Job Placement | __ package | __ hours | __ hours | __ hours |
| Job Coaching | __ hours | __ hours | __ hours | __ hours |
| Follow Along | __ hours | __ hours | __ hours | __ hours |

List services provided to the consumer during this month

| DATE | HOURS | DESCRIPTION OF SERVICES |
|------|-------|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Attach addition pages to list the services provided

Summary of progress during this month: _____

Still working on the following areas: _____

Plan for Fading if Job Coaching and Follow Along services are being provided:

___ Plan to fade _____ hours during the next month

___ Plan to be totally faded in providing services by

Other comments on fading and a description of the strategy used to fade out Job Coaching and Follow Along Services:

Recommendations: _____

Attach billing with this report _____ Date Submitted

Service Provider Signature Consumer Signature