

# SERVICES TRACKING RECORD (MONTHLY)

## (TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

THIS FORM TO BE COMPLETED BY STAFF:

[FORM 310; CARD 01]

SITE #:	CLIENT ID#:	TODAY'S DATE:	COUNSELOR ID#:
_	_ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _
[6]	[7-10]	MO      DAY      YR      [11-16]	[17-18]
TREATMENT MONTH? 01   02   03   04   05   06   07   08   09   10   11   12    _ _    [19-20]			
ADMISSION DATE?.....			_ _ _ _ _ _ _ _ _    [21-26]
			MO      DAY      YR
1-MONTH PERIOD COVERED BY THIS REPORT?.....			
_ _ _ _ _ _ _ _ _		to	_ _ _ _ _ _ _ _ _    [27-32]
MO      DAY      YR      [NK]			MO      DAY      YR

**INSTRUCTIONS: Complete each item and leave no "blanks" unless otherwise indicated.**

### 1. COUNSELING SESSIONS

- a. Individual Sessions.....|\_|\_|\_|   [33-34]
  - b. Group Process  
(planned structure) .....|\_|\_|\_|   [35-36]
  - c. Group Process  
(open discussion) .....|\_|\_|\_|   [37-38]
  - d. Family Group .....|\_|\_|\_|   [39-40]
  - e. Parenting.....|\_|\_|\_|   [41-42]
  - f. Life Skill Education .....|\_|\_|\_|   [43-44]
  - g. GED/Vocational Training.....|\_|\_|\_|   [45-46]
  - h. Recreational Group .....|\_|\_|\_|   [47-48]
  - i. Music Therapy .....|\_|\_|\_|   [49-50]
  - j. Other Group.....|\_|\_|\_|   [51-52]
- # SESSIONS

### 2. HEALTH STATUS

- a. Was client hospitalized? ..... 0=No    I=Yes\*    [53]
- IF "YES":  
Length of stay .....|\_|\_|\_|   [54-55]
- # DAYS
- b. Was medication prescribed for any reason during this period? ..... 0=No    I=Yes\*    [56]
- \*[If "Yes"] Specify name of medication --

\_\_\_\_\_

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TCU CODE

[57-58]

**3. ANCILLARY SERVICES RECEIVED (directly from treatment program or by referral)**

	NO   YES			NO   YES	
a. Medical services/tests .....	0	1	[59]	j. Parenting & family .....	0 1 [68]
b. Psychological services/tests .....	0	1	[60]	k. Alcoholics Anonymous (AA).....	0 1 [69]
c. Job/vocational training.....	0	1	[61]	l. Narcotics/Cocaine Anonymous (NA/CA).....	0 1 [70]
d. Education .....	0	1	[62]	m. Contacts with parole/ probation officer .....	0 1 [71]
e. Legal assistance .....	0	1	[63]	n. Contacts with court/judges .....	0 1 [72]
f. Welfare/AFDC/food stamps/etc.....	0	1	[64]	o. Contacts with housing agencies.....	0 1 [73]
g. Food/clothing.....	0	1	[65]	p. Contacts with CPS.....	0 1 [74]
h. Anger resolution.....	0	1	[66]		
i. Rape & trauma .....	0	1	[67]		

[310;02;ID]

**4. TREATMENT PHASE**

a. Current treatment phase? [CIRCLE 1 ANSWER]

0            1a            1b            2            3

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TCU CODE

[11]

- b. Number of requirements completed in the last 30 days?.....|\_|\_| [12-13]
- c. Number of rule violations in the last 30 days?.....|\_|\_| [14-15]
- d. Number of passes requested in the last 30 days?.....|\_|\_| [16-17]
- e. Number of passes granted in the last 30 days?.....|\_|\_| [18-19]
- f. Number of sponsor contacts in the last 30 days?.....|\_|\_| [20-21]
- g. Number of 12-Step meetings attended in the last 30 days?.....|\_|\_| [22-23]

**5. GENERAL TREATMENT ISSUES**

- a. For each inspection conducted during this 1-month period, record date, score received, and whether or not action was taken.

	<u>Date</u>	<u>Score</u>	<u>Action Taken</u>												
1st .....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> </tr> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YR</td> </tr> </table> <small>[24-29]</small>	_ _	_ _	_ _	MO	DAY	YR	<small>[310;03;ID]</small> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table> <small>[11-12]</small>	_ _	_ _	_ _	_ _	_ _	_ _	<small>0=No 1=Yes 8=NA</small> <small>[27]</small>
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**Complete the following for clients in Phase 1a or 1b:**

- b. For each week, record the number of points received for parent-child interaction and the total number of points received on point card.

	<u>Date Card Turned In</u>	<u># Parent-Child Interaction Points</u>	<u>Total # Points</u>																		
WEEK 1 .....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> </tr> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YR</td> </tr> </table> <small>[35-40]</small>	_ _	_ _	_ _	MO	DAY	YR	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table> <small>[59-61]</small>	_ _	_ _	_ _	_ _	_ _	_ _	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> <td style="width: 33%; border-bottom: 1px solid black;"> _ _ </td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table> <small>[11-14]</small>	_ _	_ _	_ _	_ _	_ _	_ _
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