

TREATMENT PHASE PROGRESS RECORD

(TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

TO BE COMPLETED BY STAFF:

[FORM 321; CARD 01]

SITE #: _ _ [6]	CLIENT ID#: _ _ _ _ _ _ _ [7-10]	TODAY'S DATE: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ MO DAY YR [11-16]	COUNSELOR ID#: _ _ _ _ _ [17-18]
Is this form being completed by the case manager? 0=No 1=Yes [19]			

Instructions to Staff: This form is to be updated as needed, after completion of each phase.

ORIENTATION PHASE

1. Number of requirements completed |_|_|_|_| [20-21]
2. Number of rule violations |_|_|_|_| [22-23]
3. Date of completion? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
MO DAY YR [24-29]
4. Length of time (days) spent in this phase? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
DAYS [30-32]

PHASE 1A

1. Number of requirements completed |_|_|_|_| [33-34]
2. Number of rule violations |_|_|_|_| [35-36]
3. Date of completion? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
MO DAY YR [37-42]
4. Length of time (days) spent in this phase? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
DAYS [43-45]

PHASE 1B

1. Number of requirements completed |_|_|_|_| [46-47]
2. Number of rule violations |_|_|_|_| [48-49]
3. Date of completion? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
MO DAY YR [50-55]
4. Length of time (days) spent in this phase? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
DAYS [56-58]

PHASE 2

1. Number of requirements completed |_|_|_|_| [59-60]
2. Number of rule violations |_|_|_|_| [61-62]
3. Date of completion? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
MO DAY YR [63-68]
4. Length of time (days) spent in this phase? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
DAYS [69-71]

PHASE 3

[321;02;ID]

1. Number of requirements completed |_|_|_|_| [11-12]
2. Number of rule violations |_|_|_|_| [13-14]
3. Date of completion? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
MO DAY YR [15-20]
4. Length of time (days) spent in this phase? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
DAYS [21-23]

1. Has client completed the GED during treatment?..... 0=No 1=Yes* 8=NA [24]

*IF YES:

a. Date of completion?	_ _		_ _		_ _	[25-30]
	MO		DAY		YR	

2. Has client completed vocational training during treatment?..... 0=No 1=Yes* 8=NA [31]

*IF YES:

a. Date of completion?	_ _		_ _		_ _	[32-37]
	MO		DAY		YR	
b. Specify type of training _____						

3. Date of housing application?..... |_|_| || |_|_| || |_|_| [38-43]

a. Application made to _____

4. If client was reunited with her children during treatment, please complete the following:

Child ID#	Date of Reunification/ Child Admission	Child Date of Birth	Child Gender	Frequency of Visits w/Child*
a. _ _ _ _ ID# [44-47]	_ _ _ _ _ _ [321;03;ID] MO DAY YR [11-16]	_ _ _ _ _ _ MO DAY YR [35-40]	0=Female 1=Male [59]	_ _ [63]
b. _ _ _ _ ID# [48-51]	_ _ _ _ _ _ MO DAY YR [17-22]	_ _ _ _ _ _ MO DAY YR [41-46]	0=Female 1=Male [60]	_ _ [64]
c. _ _ _ _ ID# [52-55]	_ _ _ _ _ _ MO DAY YR [23-28]	_ _ _ _ _ _ MO DAY YR [47-52]	0=Female 1=Male [61]	_ _ [65]
d. _ _ _ _ ID# [56-59]	_ _ _ _ _ _ MO DAY YR [29-34]	_ _ _ _ _ _ MO DAY YR [53-58]	0=Female 1=Male [62]	_ _ [66]

* Indicates how frequently the mother visited the child during the **month immediately preceding reunification**

FREQUENCY OF VISITS CODES:

0. Never visited	3. 1 time per WEEK
1. 1 time	4. About 2-6 times per WEEK
2. 2-3 times	5. About 1 time per DAY

Specify circumstances surrounding reunification _____

