FAMILY WORKER AND HOME VISITOR

Monthly Summary Report

Name:	☐ Email Monthly Summary by the 5th of the following Month to: Family Services Coordinator, Supervisor and Area Manager.
Center/Location:	
Month/Year:	☐ Submit In-Kind folder: **FW** - Area Manager **HV** - Family Services Manager

REPORTS TO REVIEW

Check for Incomplete Requirements: See SOP Section 8

ChildPlus Report	Full Year	Part Year
9730	☐ July ☐ Jan ☐ May	☐ Aug ☐ Jan ☐ April
9703	☐ July ☐ Jan ☐ May	☐ Aug ☐ Jan ☐ April
FA Heat Map	☐ Oct ☐ Jan ☐ May	☐ Oct ☐ Jan ☐ April
FSEM	☐ Oct ☐ Jan ☐ May	☐ Oct ☐ Jan ☐ April
RR01	☐ Monthly	☐ Monthly
3065 (Failed Events, No Actions)	☐ Monthly	☐ Monthly

REVIEW TO DO LISTS AND DASHBOARDS

Check for Incomplete Requirements: See SOP Section **8**

To Do Lists	Weekly	Dashboards	Monthly
SHS Incomplete Requirements	☐	PIR Health Indicators	☐
SHS Follow Up Needed	☐		
SHS Expired Events	☐		
SHS Immunizations Due	☐		
SHS Resource/Referral & Family Goals	☐		

ATTENDANCE CONCERNS/ISSUES (CP Online Report #2305)

Attach additional page if necessary

Child Name	Monthly Attendance %	Attendance Notification	AST Date

ORIENTATION, SOCIALS & PCCM PARENT/GUARDIAN ATTENDANCE

How many parent(s)/guardian(s) attended?

Orientation / Socialization (Circle One)	Parent Center Committee Meeting (PCCM)
Date # in Attendance	PCCM # _____ Date # in Attendance

Support Topic	Description of Need

Attach additional page if necessary