

Shelter Plus Care Supportive Services Monthly Reporting Form

Agency Name: _____ Date: _____

Staff preparing report: _____

Participant Name: _____

For each participant in the SPC program, please check off each service provided during the reporting month and write in the dollar value for the corresponding service provided. Dollar values can be actual and/or in-kind.

	Supportive Services	Service Provided	Dollar Value
a.	Outreach		
b.	Case Management		
c.	Life Skills (outside of Case Mgmt)		
d.	Alcohol and Drug Abuse Services		
e.	Mental Health Services		
f.	AIDS-related Services		
g.	Other Health Care Services		
h.	Education		
i.	Housing Placement		
j.	Employment Assistance		
k.	Child Care		
l.	Transportation		
m.	Legal		
n.	Other (Please Specify)		
o.	Total		

By signing below, I verify that this information provided is true to the best of my professional knowledge.

Staff signature and date