Monthly reports are due by the 10th of each month for the *prior* month’s activities. THIS ***MUST*** BE COMPLETED AND TURNED IN TO ADVOCATE SUPERVISOR ***EVERY MONTH*** WHILE ASSIGNED TO A CASE. *Please document activities from first day of reporting month to last day ONLY (ex. Dec 1-31).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CASA Name: |  | Month:  |  | Year:  |  |
| Next Court Date: |  | Hearing Time: |  | Hearing Type: |   |
| Date of last case plan: |  |  Did you attend? |  |
| Case Plan Goal: |  | New Tasks: |  |

**Placement Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1st Child’s Name:** |  | **Case #:** |  | **DOB:**  |  |

* Has there been a change in placement this month? Yes [ ]  No [ ]

If yes please complete placement information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Placement** | **Type** | **Location** | **Date of Placement** | **Reason of move** |
|  |  |  |  |  |

* Has abuse/neglect of child been reported to DCF during the month? Yes [ ]  No [ ]
* If yes, has DCF affirmed abuse? NA [ ]  Pending [ ]  Yes [ ]  No [ ]
* If yes, has DCF substantiated abuse? NA [ ]  Pending [ ]  Yes [ ]  No [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2nd Child’s Name:** |  | **Case #:** |  | **DOB:**  |  |

* Has there been a change in placement this month? Yes [ ]  No [ ]

If yes please complete placement information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Placement** | **Type** | **Location** | **Date of Placement** | **Reason of move** |
|  |  |  |  |  |

* Has abuse/neglect of child been reported to DCF during the month? Yes [ ]  No [ ]
* If yes, has DCF affirmed abuse? NA [ ]  Pending [ ]  Yes [ ]  No [ ]
* If yes, has DCF substantiated abuse? NA [ ]  Pending [ ]  Yes [ ]  No [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3rd Child’s Name:** |  | **Case #:** |  | **DOB:**  |  |

* Has there been a change in placement this month? Yes [ ]  No [ ]

If yes please complete placement information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Placement** | **Type** | **Location** | **Date of Placement** | **Reason of move** |
|  |  |  |  |  |

* Has abuse/neglect of child been reported to DCF during the month? Yes [ ]  No [ ]
* If yes, has DCF affirmed abuse? NA [ ]  Pending [ ]  Yes [ ]  No [ ]
* If yes, has DCF substantiated abuse? NA [ ]  Pending [ ]  Yes [ ]  No [ ]

**Describe children’s progress since last report** (include any referrals for service):

|  |  |
| --- | --- |
| Activities: |  |
| Behaviors: |  |
| Education: |  |
| Therapy: |  |
| Visitation: |  |
| Medical (KBH/Dental): |  |
| Independent Living Tasks: |  |

**Parent’s efforts since last month’s report** (include any referrals for services):

|  |  |
| --- | --- |
| Housing:  |  |
| Employment: |  |
| Therapy: |  |
| Drug/Alcohol: |  |
| Classes: (Parenting, DV, AM, Etc.) |  |
| Resources: (Referrals & Strengths) |  |
| Visitation:(Type, Frequency, Follow-through) |  |
| Other Concerns: |  |