Biannual Documentation of Client Progress

Agency Name: _____ Site Number:_____ PCAP ID: _____

Date completed (mm/dd/yyyy): _ _ / _ _ / _ _ _ _ Completed by (initials): _____ Date entered (mm/dd/yyyy): _ _ / _ _ / _ _ _ _

SECTION 0. GENERAL INFORMATION

A. Documentation month (based on enrollment date):	☐ 0 ☐6 ☐12 ☐18 ☐24 ☐30 ☐36
B. 6-month period covered by this form:	Start date (mm/dd/yyyy): _ _ / _ _ / _ _ _ _ End date (mm/dd/yyyy): _ _ / _ _ / _ _ _ _
C. Has there been a disruption in PCAP service? (ex. moving, jail, 6 months of no contact)	☐ Yes ☐ No *If yes, explain:*
D. Is the client currently active?	☐ Yes ☐ No *If no, explain:*

SECTION 1. ALCOHOL/DRUG TREATMENT

Document client involvement with any and all alcohol/drug treatment during this 6-month period. Be sure to note outcome of any previously "in progress" treatment from last 6-month report.

	Yes, completed 1	Yes, in progress 2	Yes, but dropped 3	No 0	Don't know -7	Never Asked -9	Name of Treatment Facility/Agency
1. Inpatient *(30 days, or less than 30 days)*							
2. Inpatient *(more than 30 days)*							
If No, skip to Question 3: a. Length of program _ _ days							
b. Time spent IN program _ _ days							
3. Outpatient							
4. Methadone dosing							
5. Alcohol/drug support group							
If No, skip to Question 6: a. Type of group: ☐ AA ☐ NA/CA ☐ both ☐ other:							
6. Individual counselling							
7. Detox							
8. Treatment program while incarcerated							
9. Other treatment: *(specify what kind)*							

				*Not applicable -8	Don't know -7	Never asked -9
**Not applicable= not in treatment this 6-month period*						
10. Treatment was for:	☐ Alcohol	☐ Drugs	☐ Both			
11. Treatment was:	☐ Mandated	☐ Voluntary				
12. Was/were her child(ren) with her in treatment? *(inpatient only)*	☐ Yes	☐ No				
13. Any alcohol/drug assessment for treatment done?	☐ Yes	☐ No				
14. Did she have drug or alcohol monitoring? *(outside of treatment)*	☐ Yes	☐ No				

Comments on ALCOHOL/DRUG TREATMENT:

SECTION 2. ABSTINENCE FROM ALCOHOL & DRUGS

Complete at end of 6-month documentation period. As of the date this 6-month period ends:	Yes 1	No 0	Don't know -7	Never asked -9
15. Is client currently abstinent from drugs? *(for at least one month)* *If Yes, skip to Question 17.*				
16. If using at end of 6-month period, what drugs does client use now? *(check a response for each)*				
a. Cocaine				
b. Heroin				
c. Marijuana				
d. Crack				
e. Methamphetamine				
f. Other *Specify other:*_____				
17. How many mos. abstinent from drugs? *(Total consecutive PCAP months, not just last 6)* _ _ months *(Code 00 if used in last month of this 6-month period)*				
18. Is the client currently abstinent from alcohol? *(for at least one month)*				
19. How many months currently abstinent? *(Total consecutive PCAP months, not just last 6)* _ _ months *(Code 00 if used in last month of this 6-month period)*				
20. Does client have a problem with alcohol? *(answer even if client not currently drinking; staff's perspective)*				
21. Since starting PCAP, what was the longest number of months in a row client has been sober with no relapses, even if currently using. (Do not count cigarettes & methadone use.) _ _ months				

Comments on ABSTINENCE FROM ALCOHOL & DRUGS:

SECTION 3. FAMILY PLANNING

As of the end of this 6-month period:	Yes 1	No 0	Don't know -7	Never asked -9
22. Is client using birth control regularly? *(i.e., has a consistent birth control method)*				

	Yes, regular 1	Yes, irregular 2	No 0	Don't know -7	Never asked -9
23. What kinds of birth control does she currently use? *(check a response for each)*					
a. Depo Provera shots					
b. Norplant *(hormonal implant)*					
c. Tubal Ligation					
d. IUD					
e. Pills					
f. Condoms					
g. Morning-after pill					
h. Other method, specify*:*					
24. If not using birth control currently, reason:					
37. During the past 6 months, did the client use Family Planning Services? ☐ Yes, working well ☐ Yes, but problems ☐ No, but needed ☐ No, not needed					

As of the end of this 6-month period:		Yes 1	No 0	Don't know -7	Never asked -9
25. Was client pregnant in last 6 months? *If No, Yes currently, or Don't know, skip to Question 26.*	☐ Yes, currently ☐ Yes, but not now				
a. If pregnant in last 6 months but not now, what was the outcome of that pregnancy? **If outcome was gave birth to another child or stillbirth, submit a Notification of Subsequent Birth Form.*	☐ Gave birth to target child ☐ Gave birth to another child* ☐ Miscarried ☐ Terminated (abortion) ☐ Still birth*				
TC17. Was this pregnancy planned?	☐ -8 N/A, not pregnant				
TC18. IF NOT PLANNED, did client consider an abortion?	☐ -8 N/A, pregnancy planned				

Comments on FAMILY PLANNING:

SECTION 4. CONNECTION TO OTHER SERVICES

4A. SERVICES FOR HOUSEHOLD

What services has client's household used in the past 6 months? Check appropriate box for each service. If problems with service, please note what kind of problem in comments area.

	Yes, working well 1	Yes, but problems 2	No, but needed 3	No, not needed 4	Don't know -7	Never asked -9
26. Basic Needs *(food banks/clothing/supplies)*						
29. Emergency funds or emergency bill paying service *(utility vouchers/rent assistance, Salvation Army, etc.)*						
a. Specify type:						
30. Public Health Nurse						
31. Public Housing *(low income, subsidized)*						
a. On waiting list? ☐ No ☐ Yes ☐ Waiting list closed						
32. Emergency housing *(include shelters)*						
33. Transitional housing						
34. Child and Family Services (CFS) *If no, skip to Question 34b.*						
a. IF YES, Who: ☐ Target child ☐ Other child(ren) ☐ Both						
b. CFS report filed in last 6 months? ☐ No ☐ Yes *(if yes, describe in comments)*						
c. Report by: ☐ Advocate ☐ Client ☐ Other Person:						
d. Report on: ☐ Client ☐ Other Person:						
e. On behalf of: ☐ Target child ☐ Other child(ren) ☐ Both						

Comments on SERVICES FOR HOUSEHOLD:

4B. SERVICES FOR CLIENT during past 6 months

	Yes, working well 1	Yes, but problems 2	No, but needed 3	No, not needed 4	Don't know -7	Never asked -9
35. Healthcare Provider *(doctor)*						
36. Other Health Service						
a. Optometrist (eye doctor)						
b. Dentist						
c. Other, specify:						
38. Mental Health Counselling, Individual						
39. Mental Health Counselling, Group						
a. Specify type:						
40. Domestic Violence Service *(shelter, group, etc.)*						
a. Describe:						
41. Any Legal Services, Civil *(e.g., child custody, restraining order, etc.)*						
a. Describe:						
42. Any Legal Services, Criminal						
a. Describe:						
43. PDD/Disability *(incl. AISH, Medical Income; applications, hearings, etc.)*						
a. Describe:						
44. Academic/Vocational Skills Training *(applications, attending, tutoring)*						
a. Describe:						
45. Personal/Social Skills Training						
a. Describe:						
46. Positive Recreation/Enrichment *(exercise, library card, etc.)*						
a. Specify:						
47. Other Service						
a. Specify:						

Comments on SERVICES FOR CLIENT:

4C. CUSTODY OF TARGET CHILD

	Don't know -7	Never asked -9
48. Who has legal custody of target child at end of 6 months? ☐ Client ☐ Bio dad ☐ Child deceased ☐ Other family* ☐ CFS ☐ Other* ☐ Adoptive family *Other, who:_____		
49. Who does target child live with at end of 6 months? ☐ Client ☐ Bio dad ☐ Child deceased ☐ Other family* ☐ CFS ☐ Other* ☐ Adoptive family *Other, who:_____		
50. For how many months of the past 6 did the target child live with client? __ months *(code 0 if none; if less than 1 month, code 1)*		

	Don't know -7	Never asked -9
51. For how many months of the past 6 did the target child live in state-paid foster or family care? __ months *(code 0 if none; if less than 1 month, code 1)*		

Comments on CUSTODY OF TARGET CHILD:

4D. SERVICES FOR TARGET CHILD (TC) during past 6 months

***Special Instructions**: 1. Target Child indicates the child with whom the client was pregnant or six months post-partum at start of PCAP service. 2. Use "Don't Know (-7)" if answer not known due to TC being adopted or in foster care EXCEPT for Question 64. 3. Use "N/A (-8)" if there is no TC due to stillbirth, miscarriage, or termination.*

	Yes, working well 1	Yes, but problems 2	No, but needed 3	No, not needed 4	N/A (no TC) -8	Don't know -7	Never asked -9
52. Healthcare Provider *(doctor)*							
53. Other Health Service							
a. Optometrist (eye doctor)							
b. Dentist							
c. Other, specify:							
54. High Risk Clinic *(Specialized medical treatment vs general medical care)*							
55. FASD Clinic *(FASD Assessments and Diagnostics)*							
56. Therapeutic Child Care Center *(Speech and language pathologists, OTs, ex. Glenrose, CASA, programs in schools)*							
57. Daycare/Childcare							
a. Where:							
58. Mental Health Counselling for Target Child							
a. If YES or needed, why?							
59. PDD/Disability *(incl. AISH, Medical Income; applications, hearings, etc.)*							
a. Describe:							
60. Other Service for Target Child							
a. If YES, what services?							
62. Are target child's immunizations up-to-date? ☐ Yes *(skip to Question 59)* ☐ No							
a. If not fully immunized, why not:							
63. Does TC have chronic medical condition or special healthcare needs? *(Includes FASD)* ☐ Yes ☐ No ☐ Possibly *(not diagnosed)*							
a. Describe:							
64. If target child was living with someone other than client, did advocate help or try to help link foster parent/guardian to any direct services for the target child in the past 6 months? ☐ Yes ☐ No ☐TC living with client							
*Other, who:							

Comments on SERVICES FOR TARGET CHILD:

SERVICES FOR OTHERS during past 6 months – Only if PCAP advocacy played a role

5B. CLIENT'S BIOLOGICAL CHILDREN (INCLUDING TARGET CHILD)

As of the date the 6-month period ends:	Don't know -7	Never asked -9
86. Location of client's biological children (including Target Child):		
a. How many of client's biological children live with client? *(code # of children; 00=none)* __ __		
b. How many of client's biological children do NOT live with client? __ __		

Comments on BIOLOGICAL CHILDREN:

4E. CLIENT'S OTHER CHILDREN:

	Yes 1	No 0	Don't know -7	Never asked -9
65. Did client have any children (**biological or not**) living with her in past 6 months?				
a. How many non-biological children were living with the client in the past 6 months? _ _				

Did you or any other PCAP advocate help connect any of the client's children, **biological or not**, to any of the following? *Do not include target child.*	Yes 1	No 0	Don't know -7	Never asked -9
66. Healthcare Services				
a. Doctor				
b. Dentist				
c. Immunizations				
d. Other, specify:				
67. Public Schools/Educational *(conferences, ed. counselling)*				
a. Specify:				
68. Mental Health/Counselling				
a. Specify:				
69. Recreational/Cultural Activities				
a. Specify:				
70. Other service for other child(ren)				
a. Specify:				

Comments on SERVICES FOR CLIENT'S OTHER CHILDREN:

SERVICES FOR OTHERS during past 6 months – Only if PCAP advocacy played a role
4F. CLIENT'S PARTNER(S)

	Yes 1	No 0	Don't know -7	Never asked -9
71. Did client have a partner(s) during the past 6 months? *(supportive or not)*				
a. Comments on partner(s):				

Did you or any other PCAP advocate help connect any of the client's partner(s) to any of the following?	Yes 1	No 0	Don't know -7	Never asked -9
72. Alcohol/Drug Treatment *(incl. assessment)*				
a. Type:				
73. Domestic Violence Counselling/Service				
a. Specify:				
74. Employment/Job Training Assistance				
75. Legal *(includes P.O.'s, immigration)*				
a. Specify:				
76. Other Service for Partner *(incl. medical or mental health)*				
a. Specify:				

Comments on SERVICES FOR CLIENT'S PARTNER(S):

SERVICES FOR OTHERS during past 6 months – Only if PCAP advocacy played a role
4G. CLIENT'S FAMILY

Did you or any other PCAP advocate help connect any of the family members to any of the following?	Yes 1	No 0	Don't know -7	Never asked -9
77. Alcohol/Drug Treatment *(incl. assessment)*				
a. Type:				
78. Domestic Violence Counselling/Service				
79. Employment/Job Training Assistance				
80. Other Service for Family Member				
a. Specify:				

Comments on SERVICES FOR OTHER CLIENT FAMILY: *(if services provided, note for which family member)*

SECTION 5: FAMILY STABILITY & CLIENT ACTIVITY

5A. LIVING SITUATION/HOUSING

	Yes 1	No 0	Don't know -7	Never asked -9
81. In what housing situations has client lived during past 6 months? *(check yes or no for each)*				
a. Homeless (01) *(incl. couch surfing, emergency shelters)*				
b. Living in Shelters/Motels (02)				
c. Living with Friends/Relatives (03)				
d. Permanent Housing (04) *(renting or owning)*				
e. Transitional Housing (05)				
f. Transitional Clean & Sober Housing (06)				
g. Inpatient treatment (07) *(incl. mental health and alcohol/drug treatment)*				
h. Incarcerated (jail, prison, etc.) (08)				
i. Other situation (09):				
82. What is her CURRENT housing situation? *(Enter 2 digit number from above)* _ _				
83. Who lives with client in her current housing situation <u>at the END of this 6-month period?</u>				

Situations with no children
☐ Lives alone
☐ Lives with husband, no children
☐ Lives with boyfriend/girlfriend *(domestic partner, no children)*
☐ Lives with parents, grandparents, other family, no children
☐ Lives with in-laws &/or their family, no children
☐ Lives with non-related women/men (roommates), no children

Situations with children
☐ Lives with child(ren), no other adults
☐ Lives with husband & child(ren)
☐ Lives with boyfriend/girlfriend & child(ren)
☐ Lives with relatives & child(ren)
☐ Lives with in-laws &/or their family & child(ren)
☐ Lives with non-related roommates & child(ren)

☐ Some other situation: _____

84. During this 6-month period, was any housing PCAP contracted housing?				
85. Has client moved in past 6 months? Code # of moves. _ _ moves *(00=no moves; 66=too many moves to count)*				

Comments on LIVING SITUATION/HOUSING:

5C. SOURCES OF INCOME IN PAST 6 MONTHS

	Yes 1	No 0	Don't know -7	Never asked -9
87. What sources of income has client had in the past 6 months? *(check yes or no for each)*				
a. Employment *(hers)* (01)				
b. Odd jobs she does (02)				
c. Parent/grandparent (03)				
d. Other relative (04)				
e. Husband/wife/boyfriend/girlfriend (05)				
f. Friends/acquaintances (06)				
g. Income Support (SFI) (07)				
h. PDD/AISH (08)				
i. If yes, for psychiatric condition? ☐ Or medical condition? ☐				

	Yes 1	No 0	Don't know -7	Never asked -9
87. What sources of income has client had in the past 6 months? *(check yes or no for each)*				
j. Other government cheque (09), specify:				
k. Band payouts (10)				
l. Other (11), specify:				
m. Drug sales/prostitution (12)				
n. Fraud/cheque-kiting (13)				
o. Other illicit (14), specify:				
88. What is her main source of income <u>at end of 6-month period</u>? *(Enter 2 digit number from above)* _ _				
89. Has client been employed during this 6-month period, even if currently not?				
a. How long employed this 6-month period: __ months __ weeks __ days				
b. Type of employment ☐ None ☐ Full-time (F/T) ☐ Part-time (P/T) ☐Irregular work ☐ Was employed, but don't know what type of employment				
c. Describe:				
90. Client is currently employed? ☐ No ☐ Yes, F/T ☐ Yes, P/T ☐Yes, Irregular work *(Currently=At end of 6-month period)* ☐ Yes employed, but don't know what type of employment				
a. Current job:				
91. Does client currently receive income support (SFI) for herself or her children?				
a. Number of months client/family received income support (SFI) during last 6 months: _ _ mos.				
b. Are health benefits included? Describe:				
92. During the past 6 months, did client: *(if no income support/SFI in past 6 months, code No):*				
a. STOP receiving income support (SFI) ☐ Yes, because of work ☐ Yes, other reason ☐ No Reason:				
b. START receiving income support (SFI) ☐ Yes, because of work ☐ Yes, other reason ☐ No Reason:				

Comments on SOURCES OF INCOME:

5D. OTHER EVENTS IN PAST 6 MONTHS

In the last 6 months, have any of the following events occurred?	Yes 1	No 0	Don't know -7	Never asked -9
94. Client has a chronic medical condition? *(incl. chronic STD, Hepatitis)*				
a. Describe/Specify:				
M04. Are you taking any prescribed medication on a regular basis for a physical problem?				
What?				
P11. Has client had a significant period (that was <u>not a direct result of drug/alcohol use</u>) in which she has been prescribed medication for any psychological/emotional problem? *Whether or not she actually took the meds.*				

In the last 6 months, have any of the following events occurred?	Yes 1	No 0	Don't know -7	Never asked -9
95. Client has visited the Emergency Room (E. R.) for medical care for herself or a child? ***Inappropriate*** *use of service. If No, skip to Question 96.*				
a. Code # of times __ __ times				
96. Client has visited the Emergency Room (E. R.) for medical care for herself or a child? ***Appropriate*** *use of service. If No, skip to Question 96.*				
a. Code # of times __ __ times				
97. To help her maintain a sober lifestyle, does client have in her life: a. A supportive partner?				
b. A supportive person (other than partner or mentor)?				
c. A support system (social, church, 12-step sponsor)?				
Specify support system:				
98. During the past 6 months, has client been in what you would consider an abusive relationship with her partner(s)? *(If no partner, code No)*				
a. Describe:				
99. Has client assaulted anyone in past 6 months? *If No, skip to Question 100*				
a. If so, who: ☐ Child ☐ Partner ☐ Other:				
b. Situation:				

Comments on OTHER EVENTS: *(if services provided, note for which family member)*

5E. ARRESTS/JAIL

In the last 6 months, have any of the following events occurred?	Yes 1	No 0	Don't know -7	Never asked -9
100. Was client arrested in past 6 months? *If No, skip to Question 101.*				
a. Charges: ☐ L03.Shoplifting/Vandalism ☐ L04.Parole/Probation Violations ☐ L05.Drug Charges ☐ L06.Forgery ☐ L06a.Criminal Impersonation (Identity Theft) ☐ L07.Weapons Offense ☐ L08.Burglary/Larceny/Breaking & Entering ☐ L09.Robbery ☐ L09a.Other Theft Charge: ☐ L10.Assault ☐ L11.Arson ☐ L12.Sexual Assault ☐ L13.First or second degree murder/manslaughter ☐ L14.Solicitation/Communication for the Purposes of Prostitution ☐ L15.Obstruction of Justice ☐ L15a.Possession of Stolen Property ☐ L18.Disorderly conduct, vagrancy, public intoxication ☐ L19.Driving while intoxicated ☐ L20.Major driving violations ☐ L16.Other:				
b. Number of times arrested __ __ times				
c. Charges are: ☐ New charge ☐ Old warrant ☐ Both				
101. Was client jailed in past 6 months? *If No, skip to Question 102.*				
a. Number of times jailed __ __ times				
b. For what?				
c. Facility:				

In the last 6 months, have any of the following events occurred?	Yes 1	No 0	Don't know -7	Never asked -9
102. Was client in Home Detention at any time during past 6 months? *(ie. Conditional Sentence Order, incl. house arrest, court-imposed curfew)*				
103. Was client in Prison at any time during past 6 months? *If No, skip to Question 104.*				
a. Facility:				
b. # of months (of 6): __ __ mos				
104. Was client on Probation or Parole at any time during past 6 months?				
105. Did advocate play a role in type of sentence imposed in past 6 months?				
a. If yes, how so?				

Comments on ARRESTS/JAIL:

5F. EDUCATION/TRAINING

In past 6 months, has client attended or completed:	Attended 1	Completed 2	No 0	Don't know -7	Never asked -9
93. Parenting classes					
a. Class:					
b. Code # of weeks attended (00=none) __ __ weeks					
106. GED classes					
a. Where:					
107. Community college					
a. Where:					
108. University					
a. Where:					
109. Vocational training class					
a. What/where:					
110. Training through work/employment					
a. What/where:					
111. Other course/class					
a. Specify:					

Comments on EDUCATION/TRAINING:

SECTION 6. VALIDITY

112. Advocate/Mentor is confident of accuracy of information presented in this report: ☐ Yes ☐ Mostly ☐ Not at all

Comments on validity: *(if you code Mostly or Not at all, note why)*

SECTION 7. FINAL COMMENTS

Comments on client's situation during this six months: