OMB # 0930- XXXX
Expiration Date: xx/xx/xxxx

PCAP Client Module

Monthly Update

Agency Name: _____ **Site Name:** _____

Client #: __ __ __ __ __ __ **Date:** __ __ / __ __ / __ __ __ __

Complete this form at end of every month.

Monthly update for the month of: ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Year: __ __ __ __

A. Was client seen this month (face-to face)? ☐ No ☐ Yes

If not at least once, please explain: _____

B. If client has disappeared, are you in contact with a tracing source? ☐ No ☐ Yes ☐ N/A

Who? _____

How long has she been missing? _____

What have you done to try to find client? _____

C. Client location is known, but she is avoiding contact: ☐ No ☐ Yes ☐ N/A

D. How many times was target child seen this month (face-to face)? __ __

IN THE PAST MONTH, did client:						**UNKNOWN**
1. Use illicit drugs? *If No or Unknown, skip to Question 2*	☐ No	☐ Yes				☐
If yes, what? *(check yes or no for each):*						
a. Cocaine	☐ No or Don't Know	☐ Yes				
b. Heroin	☐ No or Don't Know	☐ Yes				
c. Marijuana	☐ No or Don't Know	☐ Yes				
d. Methamphetamine	☐ No or Don't Know	☐ Yes				
e. Other *(specify below)*	☐ No or Don't Know	☐ Yes				
Specify Other: _____						
2a. Drink alcohol?	☐ No	☐ Yes, but not a problem	☐ Yes, & has problem			☐
2b. During the past 30 days, on how many days did you drink one or more of an alcoholic beverage?	_____ days					☐
2c. How many drinks did you have on a typical day when you were drinking alcohol in the past 30 days?	☐ 10 or more	☐ 9	☐ 8	☐ 7	☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0	☐
2d. How often did you have 4 or more drinks in one day in the past 30 days?	☐ 10 or more	☐ 9	☐ 8	☐ 7	☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0	☐
3. Relapse? *(alcohol or drugs)*	☐ No	☐ Once	☐ More than Once	☐ Not Abstinent		☐
4. Any alcohol/drug treatment?	☐ No	☐ Yes, Completed	☐ Yes, In progress	☐ Dropped		☐
a. Where / What kind? _____						
5. Is client using birth control regularly?	☐ No	☐ Yes, regularly	☐ Only sometimes			☐
a. What kind of birth control? _____						
6. Is client pregnant?	☐ No	☐ Yes				☐
7. If client was pregnant this month but is not now, outcome:	☐ Terminated	☐ Miscarried	☐ Resulted in birth	☐ N/A		☐

Client #: __ __ __ __ __ __ **Date:** __ __ / __ __ / __ __ __ __

IN THE PAST MONTH, did client:					UNKNOWN
If Q8, 9, 10, or 11 YES, briefly note details in comments, if known					
8. Leave baby (TC or other) with inadequate or no caretaker?	☐ No	☐ Yes	☐ N/A		☐
9. Put any of her children in unsafe situations?	☐ No	☐ Yes	☐ N/A		☐
10. Gain or lose custody of any child?	☐ No	☐ Yes, temporary	☐ Yes, permanent	☐ N/A	☐
a. If so, who? To who? _____					
11. Was a report made to CPS this past month? *If No report, Unknown, or N/A, skip to Question 12*	☐ No	☐ Yes	☐ N/A		☐
a. Report made by:	☐ Advocate	☐ Other Person: _____			☐
b. Report made on:	☐ Client	☐ Other Person: _____			☐
c. Report made on behalf of:	☐ Target Child	☐ Other Child	☐ Target Child+Others		☐
d. Reason for report: _____					
Sources of income this month:					
12. Any employment? *(Her employment)*	☐ No	☐ Yes			☐
a. If employed, is her employment her main source of income?	☐ No	☐ Yes	☐ N/A		☐
13. Any TANF/Welfare? (*Does not incl. food stamps, medical benefits)*	☐ No	☐ Yes			☐
a. If receiving TANF/Welfare, is it the main source of income?	☐ No	☐ Yes	☐ N/A		☐
14. List all other sources of income this month: _____					

Comments: _____

_____

_____

_____

Advocate #: __ __ __