

FaDSS MONTHLY REPORT TO PROMISE JOBS

Report Month: _____
P.J. Worker: _____

FaDSS Worker: _____
Phone #: _____

Participant: _____
Date Enrolled: _____

SS#: ____-____-____

<input type="checkbox"/> In-Person Visits	<input type="checkbox"/> Attempted Visits
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IDENTIFIED STRENGTHS:

Identified Barrier (s)

Steps Taken

Employment:

No Change

Changed

New

Reason: _____

Where: _____

Start Date: _____ Hours per week: _____

Hourly Wage: _____ Job Title: _____

As reported by the FaDSS Participant. Participant still needs to report information to DHS/PROMISE JOBS

Significant Changes during the month:

Activities participating in that will lead to self-sufficiency or family stability:

Recommendations/comments:

PLEASE CALL IF YOU HAVE ANY QUESTIONS