

PROGRESS REPORT FOR REENTRY COURT

Agency: _____

VENDER ID:	DEFENDANT NAME:	
PACTS NO.:	PROBATION OFFICER:	
THERAPIST:	START DATE:	PROJECTED GRADUATION:

Client attended court today? Yes No

Date: _____

Medication Compliant:	<input type="checkbox"/> Compliant	<input type="checkbox"/> Non-compliant	<input type="checkbox"/> Not on Med Management
	Name of Medication: _____		
Support Groups:	<input type="checkbox"/> Attended One	<input type="checkbox"/> Attended Two	<input type="checkbox"/> Unknown
Employment:	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed-looking	<input type="checkbox"/> Unemployed-not looking
Housing	<input type="checkbox"/> Stable	<input type="checkbox"/> RRC	
	<input type="checkbox"/> Rehab	<input type="checkbox"/> Homeless	
Used Drugs/Alcohol this Week:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If Yes, What Drug: _____		
100% Treatment Compliance?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Insurance/Funding:	<input type="checkbox"/> Active Medicaid	<input type="checkbox"/> Medicaid Application Completed	
	<input type="checkbox"/> No Medicaid: Not Eligible		
Benefits Status:	<input type="checkbox"/> Receiving SSI	<input type="checkbox"/> Will Apply once Medicaid is Active	
	<input type="checkbox"/> Applied for SSI	<input type="checkbox"/> Not Eligible	

Type of Appointment Scheduled	Dates	Attended Y/N	If no, Excused Y/N
Individual Therapy			
Group Therapy			
Classes			
Other			

<u>Treatment Notes:</u>
<u>Treatment Sanction Request:</u>
<u>Probation Officer Notes:</u>
<u>Probation Officer Sanction Request:</u>
<u>Past Court Goal:</u>
<u>Next Goal:</u>
<u>Court Summary:</u>
<u>Judges' Notes:</u>

Next Court Appearance: 1 Week 2 Weeks 3 Weeks 4 Weeks Other _____