**Rehabilitative Services Monthly Progress Report**

This form must be completed and sent to the DCBS worker by the 15th of each month.

MONTH ENDING 4-30-09

DCBS CASE MANAGER Sue Seenitall

CHILD NAME: Ben A. Kidd DOB: 4-7-93

SSN NUMBER:111-22-3333 PROVIDER/ FACILITY: A GOOD HOME

Date of Current DPP-1293 Approval: 2/5/09

Date of Next Six Month Review: 8/5/09

**TREATMENT SUMMARY:**

OVERALL GOALS / OBJECTIVES OF REHABILITATIVE SERVICES PLAN:

[ ]  DPP-1293 in development

[ ]  Remains the same as described in the rehabilitative services plan of care, DPP-

 1293

[ ]  Have been changed as indicated on the attached revised DPP-1293

PROGRESS NOTES:

1. **TREATMENT PLANNING AND SUPPORT-** Describe representative treatment planning and support activities performed over the last month in support of the goals and objectives of the rehabilitative services plan of care:

|  |  |  |
| --- | --- | --- |
| DATE | PROVIDER | ACTIVITY DESCRIPTION |
| 4/4, 4/11, 4/12, 4/18, 4/26 | A Good Home PCC | Case manager contacts, face to face visits |
| 4/1-4/30 | Elmwood High School | Ben attended Elmwood High School, 4/09 Progress report from school indicates that he is doing well academically. No behavior issues reported by the school |
| 4/2, 4/9, 4/16, 4/23,4/30 | A Good Home PCC | Ben met with Dr. Phil Happy for individual therapy sessions |
| 4/20 | Comprehensive Care  | Ben attended an adolescent substance abuse support group at Center Get Clean Center |

1. **LIVING SKILLS DEVELOPMENT -** Describe representative skills training and development activities performed over the last month in support of the goals and objectives of the rehabilitative services plan of care:

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| --- | --- | --- |
| DATE | PROVIDER | ACTIVITY DESCRIPTION |
| 4/3, 4/10, 4/17, 4/24  | A Good Home | Ben completed weekly chores, Foster parents worked with Ben to develop cleaning routine and demonstrated proper way to mow yard and clean his bathroom. Ben called to schedule his own hair cut appt. Ben worked with foster mother on meal planning and grocery shopping |
| 4/17  | Local Health Dept. | Ben attended a 30 minute class on good nutrition  |
|  |  |  |
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1. **THERAPY, EVALUATION AND ASSESSMENT-** Describe counseling, therapy, evaluation and assessment activities performed over the last month in support of the goals and objectives of the rehabilitative services plan of care:

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| --- | --- | --- |
| DATE | PROVIDER | ACTIVITY DESCRIPTION |
| 4/2, 4/9, 4/16, 4/23, 4/30 | A Good Home PCC | Ben met with Dr. Phil Happy, PhD for individual therapy sessions. Discussion relates to current issues and how they are related to past physical abuse on Ben |
| 4/9 | Get Clean Center | Drug screen returned negative for all substances |
| 4/1, 4/23 | A Good Home PCC | Ben participated in group counseling 2x with Dr. Phil Happy. Topic of discussion were “Changing Old Behaviors” and “ Alternative Anger Outlets” |
| 4/3, 4/24 | A Good Home PCC | Ben participated in Family therapy with his birth mother and brother. Dr. Phil Happy addressed consistent expectations and discipline choices for mom with both Ben and his brother. The family also discussed alternative things Ben could be involved in to avoid the old traps of hanging out with old peers.  |

**CASE STATUS SUMMARY** (APPLIES ONLY TO PRIVATE CHILD CARE PROVIDERS)

1. SUMMARIZE CHILD’S/YOUTH’S ADJUSTMENT TO FACILITY:

Ben and both foster parents report that he continues to do well in the home. Ben completes chores with little prompting and participates in family conversations at the dinner table. Youth states he likes the foster home but that the curfew and consequences for bad choices frustrate him.

1. SERVICES PROVIDED TO CHILD/YOUTH AND CHILD’S/YOUTH’S FAMILY:

Ben attends Elmwood High School. He attended weekly individual therapy sessions with Dr. Phil Happy, group therapy 2x and family therapy 2x. Discussions with birth mother regarding boundaries, etc. were discussed in family therapy. Family also worked on creating a list of activities that Ben could do instead of hanging out with his old friends. Case manager has weekly face to face contact with foster family and phone contact as needed. Foster parents transport Ben on Fridays to McDonald’s to meet birth mom for weekend visitation.

1. PROGRESS TOWARD RETURN OF CHILD/YOUTH TO THE HOME OR COMMUNITY (IF APPLICABLE):

Ben is approved for overnight, weekend visits with his biological mother. Issues around youth returning to neighborhood where his old friends remain are discussed in therapy sessions. Youth has obtained information about sports teams and YMCA activities in birth mother’s neighborhood so that he can fill his time with more positive things when he returns home.

1. PERMANENCY GOAL FOR CHILD/YOUTH: Return to birth mother’s home

NAME AND TITLE OF PERSON COMPLETING FORM: Sue Seenitall, Cm. BSW

 (PLEASE PRINT)

SIGNATURE:

SUPERVISOR’S NAME AND SIGNATURE (IF REQUIRED):

DISTRIBUTION: Original—Child’s Social Services Worker (case record), *may be faxed, mailed or e-mailed*

 Copy—Facility / Provider File (if applicable)