

## RSVP - Recovery Specialist Monthly Progress Report

Reporting Period \_\_\_\_\_ Link ID Number \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Case ID \_\_\_\_\_

Client Name \_\_\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_

Child(ren)'s Name(s) \_\_\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_

DCF Social Worker \_\_\_\_\_ Recovery Specialist \_\_\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

### Recovery Program Compliance

Full Compliance  Incarcerated  Other   
 Partial Compliance\*  Whereabouts Unknown   
 Non-Compliance  Refused Services

Recovery Specialists Contacts	Treatment Participation	Testing Results
Phone Contacts with Recovery Specialist _____	Level of Care Individual <input type="checkbox"/> Group <input type="checkbox"/> IOP <input type="checkbox"/> Other <input type="checkbox"/> _____	Total Tests Requested _____
Meetings with Recovery Specialist Scheduled _____	Sessions Scheduled _____	Tests Completed _____
Meetings with Recovery Specialist Attended _____	Sessions Attended _____	Negative Tests _____
Meetings with Recovery Specialist Missed _____	Excused Absences _____	Positive Tests _____
Support Group Meetings Attended _____	Unexcused Absences _____	Pending Results _____
		Failure to Test <input type="checkbox"/> Unable _____ <input type="checkbox"/> Refusal _____
		No Shows Excused Tests _____

Comments: (please comment on refusals, absences, or problems with compliance)

Progress: (please comment on new developments with regard to supports)

Recovery Specialist: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_