

Instructions for Completing the Monthly Family Service Report

Page 1:

1. Enter your first and last name and email address.
2. Enter the family case ID (not child ID) for the P.S. Family.
3. Enter the current month and year.
4. Indicate the month and year for which you are reporting service delivery to the P.S. family listed above.
5. Enter the amount of time you spent providing case management to the family during the month under consideration. For this report, case management includes time spent directly with the child or family, traveling for the case, time spent revising the CANS and case plan goals, receiving supervision, and other tasks tied to case planning, case management, and service provision.

For this question, time is listed in increments of 15 minutes (.25 hour = 15 minutes). When estimating the amount of time spent on case management, please **round up** to the nearest 15 minute increment. For example, if you spent a total of 4 hours and 10 minutes in case management activities for this family, you would round that up to the nearest 15 minute increment, which would be 4.25 hours.

6. Case Plan Services: For *each* service in the list, indicate whether the service was actually RECEIVED by the family during the month under consideration. Not all services are needed by every family, so there are four options that are available to choose from. PLEASE NOTE – you MUST choose one of the four options for each of the services in the list before you can continue to the next page of the Monthly Family Service Report:
 - a. Received a service that was included in the Case Plan
 - b. Received a service that was not included in the Case Plan
 - c. Did NOT receive a service that was included in the Case Plan
 - d. Did NOT receive a service that was not included in the Case Plan
7. If the family received any services during that month that were not listed, please write them all in the box that is located under the list of services.
8. Click on the double arrows to advance to the next screen.

Page 2:

For each service *that the family received* (these will be automatically listed on Page 2 based on your responses to the list on Page 1), indicate the following:

1. The **amount** of the service (or the dosage) the family received, rounded up to the nearest 15 minute increment (.25 hours = 15 minutes). Your estimate should include the total number of minutes for the entire month for all recipients that receive the service and all providers. For example, if two children in the family each

received 45 minutes of mentoring, then you would select 1.5 hours from the drop down menu. If the family received a service, but for less than 15 minutes, mark this as 0.25.

2. Who received the service (mark all that apply)

3. Who provided the service (mark all that apply)

NOTE: You must provide the additional information for each of the services before you can continue to the next page.

Page 3:

For each service that the family needed (as indicated on the Case Plan) but did NOT receive, check the reasons why a family did not receive the service. Mark all that apply from the following choices:

- Service unavailable (temporarily or permanently)
- Provider at capacity (wait list)
- Missed appointment (family missed established appointment)
- Service discontinued by provider
- Family/client refusing service
- Family/client not able to participate
- Service not needed at this time (service indicated as needed on case plan; however, family did not need service during the reported month)