



MONTHLY PROGRAM REPORT
Promoting Successful Transitions for Youth
SAMPLE REPORT

**THIS REPORT GATHERS CONFIDENTIAL INFORMATION AND
MUST BE SECURELY TRANSMITTED**

This report can be faxed, with a cover sheet marked 'CONFIDENTIAL' to the OCS Independent Living Program Coordinator at fax number (907) 465-3656, or as otherwise described in the Terms and Conditions of Award.

Grantee:

Award #:

Contact Name: _____

Reporting Period: _____

REPORT THE FOLLOWING BY CHILD SERVED:

1. Youth enrolled by name, age, and date
2. Family members identified by name and date
3. Supportive adults/kin identified by name and date
4. Total number of family members and/or supportive adults/kin identified for each youth
5. Youth placed with a family member or supportive adult/kin identified through the program
6. Number of team meetings facilitated with family members and/or supportive adults/kin identified through the program
7. Life books initiated within the reporting period