



**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