

MONTHLY PROGRAM REPORT, PART TWO

Mentorship for Independent Living
State of Alaska DHSS/OCS

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

**Part two of the report can be faxed, with a cover sheet marked 'CONFIDENTIAL' to the
OCS Mentorship for Independent Living Program Manager 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 REGION:

1. Mentors enrolled by name and date
2. Youth enrolled by name, age, and date
3. Unmatched mentors retained from previous month
4. Matches made by date and pairing
5. Names of youth recipients of stipends
6. Names of youth exhibiting desired change in school attendance
7. Names of youth exhibiting desired change in employment achievement
8. Names of youth exhibiting desired change in academic achievement