

PENINSULA FAMILY SERVICE P.C. MONTHLY REPORTING FORM

PLEASE NOTE: To fulfill our contract with Behavioral Health and Recovery Services *it is important that you complete and have this form EACH month at your Supervision meeting. You can put the total hours in the chat box of your Zoom meeting. You can also email your Coordinator the total Hours if you do not put your participant's name or identifying information in the form.*

Or you can fax or mail this form to the office in c/o Senior Peer Counseling, with your Coordinators name.

Please **PRINT**

Participant's Name: _____

Total Hours:

Please mark visit dates and length of visits with your participant.

February 2022						
SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

Summary of Client Visits:

Please make a comment on all 3 questions

1) Changes in Participant's life?

2) Current Participant concerns:

3) Counselor's comments:

Clinical Supervision Group:

(PLEASE USE BACK OF SHEET FOR ADDITIONAL INFORMATION)

Please **PRINT** Peer Counselor Name

X _____
Peer Counselor Signature