

Name: _____ Month: _____

GOAL PROGRESS TRACKING

Short Term Goal: _____

(Job Search, Childcare, Housing, Other)

Case Manager: _____

	Date	Activity Description	NAME OF PROVIDER/AGENCY / BUSINESS	Time Spent	Notes: (EX: 'Took tour of daycare', 'Attended housing workshop', 'Had interview', 'Contacted center to set up intake')
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Please submit monthly to your case manager. Fax: (720) 523-2501 or Email: @adcogov.org

I certify the information above is true and correct. Signature: _____ Date: _____

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	Date	Activity Description	NAME OF PROVIDER/AGENCY / BUSINESS	Time Spent	Notes: (EX: 'Took tour of daycare', 'Attended housing workshop', 'Had interview', 'Contacted center to set up intake')
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

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