

**COMMUNITY FOLLOW-UP PROGRAM
EVENT TRACKING FORM**

CLIENT INFORMATION ID#	
CASE MANAGER	
CLIENT NAME	
CLIENT ZIP CODE	
REFERRAL AGENCY	
DATE OF REFERRAL	

REF#	ACTIVITY DATES	TARGET	ACTUAL	DIFFERENCE
1	DATE OF INTAKE COMPLETED (Regulation: Up to 15 Days From Referral Date)			
2	DATE CMCM CONSENT FORM SIGNED			
3	DATE OF INITIAL SERVICE PLAN (Regulation: Up to 7 Days From completion of intake)			
4	DATE OF INITIAL ASSESSMENT COMPLETED (Regulation: Up to 45 Days)			
5	DATE OF SERVICE PLAN COMPLETED			
6	DATE OF SUPERVISORY REVIEW (Regulation: Up to 30 days)			
7	DATE OF CASE CONFERENCE			
8	DATE OF _____ RE-ASSESSMENT COMPLETED			
9	DATE OF SERVICE PLAN COMPLETED			
10	DATE OF SUPERVISORY REVIEW			
11	DATE OF CASE CONFERENCE			
12	DATE OF _____ RE-ASSESSMENT COMPLETED			
13	DATE OF SERVICE PLAN COMPLETED			
14	DATE OF SUPERVISORY REVIEW			
15	DATE OF CASE CONFERENCE			
16	DATE OF _____ RE-ASSESSMENT COMPLETED			
17	DATE OF SERVICE PLAN COMPLETED			
18	DATE OF SUPERVISORY REVIEW			
19	DATE OF CASE CONFERENCE			
20	DATE OF _____ RE-ASSESSMENT COMPLETED			
21	DATE OF SERVICE PLAN COMPLETED			
22	DATE OF SUPERVISORY REVIEW			
23	DATE OF CASE CONFERENCE			
24	DATE OF _____ RE-ASSESSMENT COMPLETED			
25	DATE OF SERVICE PLAN COMPLETED			
26	DATE OF SUPERVISORY REVIEW			
27	CASE CLOSURE DATE (If applicable)			