

Please submit to:
 Community Partnerships
 1334 Dewey Court
 Madison, WI 53703
 Attn: Billing

Parent Aide/Mentor Billing Invoice-Progress Report

(This form must be used for the following CCF Service Codes: 5525-Parent Aide/Mentor, 5575-Tutor)

Rev. 11/20/06

Client Name:		CCF Service Provided (see above codes):	
Authorization Number:		Service Month (please complete a separate form for each month):	
CCF Coordinator:			
Provider/Agency Name:		Provider Phone:	
Provider Billing Address:			

Date	Pick-up time (indicate AM or PM)	Drop-off Time (indicate AM or PM)	Total Hours	Hourly Rate	Total Cost
Monthly Total				\$	

Provider Signature: I certify that I provided service on the dates and times listed above.	Date:
Parent/Guardian Signature: I am aware that services were provided on the dates and times listed above.	Date:

PROGRESS REPORT

Goal(s) for this time period	Intervention (please specify the service/activity provided to achieve the identified goal)	Progress (please include observable strengths and how cultural considerations are being incorporated into the mentoring relationship)
1. _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
2. _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____

List any barriers preventing progress toward goals (ex. missed appointments, schedule conflicts, etc.)?	_____ _____
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Is the youth being connected or transitioned to natural/community resources? <input type="checkbox"/> Yes -please list resources <input type="checkbox"/> No - please describe barriers	_____ _____ _____
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Provider Signature:	Date:
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Parent/Guardian Signature:	Date:
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I have reviewed and agree with the goals and progress listed above.