

## **MONTHLY ACTIVITY REPORT**

PARTICIPANT NAME	CASE NUMBER				PLAN HOURS			MONTH		YEAR			ETS				
				l .			<u> </u>										
A CTIVITY 4	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	
ACTIVITY 1																	
If other, specify:	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st		
	Provider	Name:			Provider Phone Number:				Provider Signature:				Date:				
															Total:		
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ACTIVITY 2	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	
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If other, specify:	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st		
	Provider	Name			Dravidar	Dhana Ni		<u> </u>	Dravidar	Ciamatum			Date:				
	Provider	Name:			Provider Phone Number:				Provider Signature:				Date:		Tatal		
															Total:		
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	
ACTIVITY 3	151	Ziiu	Siu	401	Sui	Our	7111	Olli	901	1001	1101	1201	1301	1401	1501	10111	
If other, specify:	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st		
iii outor, opoony.	1741	1001	1301	2011	2131	ZZIIG	2310	2401	2501	2011	27111	20111	2301	3011	3131		
	Provider	Name:			Provider Phone Number:				Provider Signature:				Date:				
					Trovider Friend Namber.										Total:		
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	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	
ACTIVITY 4																	
If other, specify:	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st		
	Provider	Name:	l.		Provider Phone Number:				Provider Signature:				Date:				
													То				
I declare under penalty of perjury under the laws of the United States	and the Sta	ate of Cali	fornia that	the facts	contained i	n this repo	rt are true	, correct a	and comple	te.							
Participant Signature					Phone						_	-	Date				
r articipant digitature					THORE								Date				
Please explain any absences here:																	
FOR COUNTY STAFF USE ONLY																	
ETS Verification	Date									Monthly Total:							

IMG 611 WEL 3255E (06/2023)