

## MONTHLY ACTIVITY REPORT

PARTICIPANT NAME	CASE NUMBER	PLAN HOURS	MONTH	YEAR	ETS

ACTIVITY 1	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th
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:

ACTIVITY 2	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th
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:

ACTIVITY 3	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th
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:

ACTIVITY 4	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th
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:

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true, correct and complete.

Participant Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Please explain any absences here:

**FOR COUNTY STAFF USE ONLY**

ETS Verification \_\_\_\_\_

Date \_\_\_\_\_

Monthly Total: \_\_\_\_\_