

## ACT Quarterly Report Form

(Revised - February 2015)

**Quarter:** Jan-Mar  Apr-Jun  Jul-Sep  Oct-Dec  **Year:**

**Reported by:**

**Agency:**

**Team:**

**Discharge Date:**

**Client Name:**

**Client ID:**

**Intake Date:**

**Client DOB:**

**Client Age:**

**Client Gender:** Male

Female

**In the past 3 months, how many days and times has the client:**

**# days**

**# times**

|  |  |  |
|--|--|--|
| Been homeless?   |  |  |
| Been incarcerated/detained?  |  |  |
| Been hospitalized for psychiatric reasons?                         |  |  |
| Been in residential/inpatient treatment for substance use reasons? |  |  |
| Visited an ER for psychiatric reasons?                             |  |  |
| Visited an ER for physical reasons?                                |  |  |
| Hospitalized for medical reasons?                                  |  |  |
| Utilized a primary care doctor?                                    |  |  |

**In the past 3 months, how many days was the client competitively employed?**

(0 is used when the client is not competitively employed)

days

**Was the client competitively employed on the last day of the reporting period?**

Yes  No

**What is the client's stage of substance use treatment on the last day of the quarter (check one)?**

| N/A                      | Pre-Engagement           | Engagement               | Early Persuasion         | Late Persuasion          | Early Active Treatment   | Late Active Treatment    | Relapse Prevention       | In Remission or Recovery |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |

**What is the client's current living arrangement on the last day of the quarter (check one)?**

|   |   |  |
|---|---|--|
| 0. N/A <input type="checkbox"/>   | 6. Lives with Relatives/Friends <input type="checkbox"/>    | 11. Homeless <input type="checkbox"/>                          |
| 1. Psychiatric Hospital <input type="checkbox"/>                          | 7. Semi Independent Apt. <input type="checkbox"/>           | 12. Other (specify): <input type="checkbox"/>                  |
| 2. Substance Use Residential/Inpatient Treatment <input type="checkbox"/> | 8. Supervised Individual Living <input type="checkbox"/>    | 13. Under 18 Living with Family <input type="checkbox"/>       |
| 3. General Hospital Psychiatric Ward <input type="checkbox"/>             | 9. Independent Living <input type="checkbox"/>              | 14. Foster Care/Treatment Family Home <input type="checkbox"/> |
| 4. Nursing Home <input type="checkbox"/>                                  | 10. Jail/Prison/Juvenile Detention <input type="checkbox"/> | 15. Youth Residential <input type="checkbox"/>                 |
| 5. Adult RCF/Group Home <input type="checkbox"/>                          |   |  |

**ACT Quarterly Report Form (continued)**  
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**What is the client's current educational status on the last day of the quarter (check one)?**

|   |   |
|---|---|
| 0. Not Currently in Educational Activities <input type="checkbox"/>         | 4. College Full-Time - 12 credit hours or more <input type="checkbox"/> |
| 1. Working on HS Diploma/GED/Adult Basic Education <input type="checkbox"/> | 5. Adult Continuing Education Noncredit <input type="checkbox"/>        |
| 2. Vocational School or Training <input type="checkbox"/>                   | 6. Other (specify): <input type="checkbox"/>                            |
| 3. College Part-Time - 11 credit hours or less <input type="checkbox"/>     | 7. Homebound Education <input type="checkbox"/>                         |

**Client's highest level of education completed (check one):**

|   |   |
|---|---|
| 1. No HS or GED <input type="checkbox"/>      | 5. Vocational Training Certificate <input type="checkbox"/> |
| 2. HS Diploma or GED <input type="checkbox"/> | 6. BA/BS <input type="checkbox"/>                           |
| 3. Some College <input type="checkbox"/>      | 7. Masters/Ph.D. <input type="checkbox"/>                   |
| 4. Associates Degree <input type="checkbox"/> |   |

**Tobacco use (check one):**

|   |
|---|
| 0. Never Used <input type="checkbox"/>                  |
| 1. Quit More Than 3 Months Ago <input type="checkbox"/> |
| 2. Quit Within Last 3 Months <input type="checkbox"/>   |
| 3. Currently Use <input type="checkbox"/>               |

**Tobacco cessation (check one):**

**Receiving assistance to quit?** Yes  No  N/A

**Legal status on last day of the quarter (check all that apply):**

|   |  |
|---|--|
| 0. Guardianship <input type="checkbox"/>                  | 5. Custody of Children's Division <input type="checkbox"/> |
| 1. Conservatorship <input type="checkbox"/>               | 6. Adjudicated <input type="checkbox"/>                    |
| 2. Payeeship <input type="checkbox"/>                     | 7. Independent <input type="checkbox"/>                    |
| 3. Custody of Biological Parents <input type="checkbox"/> | 8. Conditional Release <input type="checkbox"/>            |
| 4. Adopted <input type="checkbox"/>                       | 9. Other (specify): <input type="checkbox"/>               |