

HOMELESS PERSONS CRIMINAL DIVERSION PROGRAM

PROGRESS REPORT

Participant's Name: _____ **Meeting Date:**

- The client engaged in services as required.
- The client failed to engage in services.
- Service provider believes further engagement is productive.
- Service provider believes further engagement is not projective

Service Provider Agency:

Type of Services Provided: _____ **Date:**

- Housing
- Healthcare
- Behavioral Health
- Benefits
- Employment

Level of Engagement Satisfactory Unsatisfactory

Provider Name: _____

Provider Signature: _____

Provider Email: _____

Provider Phone: _____