

Self-Sufficiency Service Coordination Exercise 8

FSS Coordinator Reporting Form Page 3-60

FSS Coordinator Supervisor _____

FSS Coordinator _____

Week of _____

FSS (Other) Participants

_____ Total Participants _____ Total Time _____ Average Time All Activities

Information

_____ Total Information Contacts _____ Total Time _____ Average Time Each

Referral

_____ Total Referral Contacts _____ Total Time _____ Average Time Each

Advocacy

_____ Total Advocacy Contacts _____ Total Time _____ Average Time Each

Follow Up

_____ Total Follow-up Contacts _____ Total Time _____ Average Time Each

Crisis Management

_____ Total Crisis Contacts _____ Total Time _____ Average Time Each

Participant or Program Major Accomplishments:

Most Useful Agency Policy, Program, or Person and Why:

Needed from Agency to Meet Participant and Program Goals:
