



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

TRANSITIONAL HOUSING MONTHLY PROGRESS REPORT

Report Date : _____ Officer's Name: _____

Facility Name: _____

Facility Address:

_____ Address _____ City _____ County _____ State _____ Zip Code

Resident's Name: _____ TOMIS Number: _____

1. Balance of rent currently owed: _____

2. Programs that resident currently participates in:

3. Hours per week resident is participating in programs: _____

4. Please rate the resident's observed attitude towards the following:

	Very Negative	Negative	Neutral	Positive	Very Positive
Attending Required Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Seeking / Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with House Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Areas in which resident needs improvement:

6. Steps being taken towards improvement:

Report Date : _____ Officer's Name: _____ Facility Name: _____

7. Areas in which resident is doing well:

8. Date of resident's most recent drug screen: _____

9. Results of most recent drug screen: _____

10. State any violation of house rules.

11. If so, type of disciplinary actions taken:

Signature: _____

Date: _____

Printed Name: _____

Title: _____