



# BBCBC Progress Reporting Form

Reporting Period: \_\_\_\_\_

Service Recipient/Caregiver Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

## Adult Functioning/ Caregiver Protective Capacities

Controls Impulses	<input type="text"/>	Positively attached to child	<input type="text"/>
Self-aware	<input type="text"/>	Understands protective role	<input type="text"/>
Tolerant	<input type="text"/>	Meets own emotional needs	<input type="text"/>
History of Protecting	<input type="text"/>	Adaptive as parent/guardian	<input type="text"/>
Stable	<input type="text"/>	Sets aside own needs for child	<input type="text"/>
Resilient	<input type="text"/>	Aligned and supports child	<input type="text"/>
Takes Action	<input type="text"/>	Demonstrates adequate skills	<input type="text"/>
Intellectually able	<input type="text"/>	Plans and articulates plans for protection	<input type="text"/>
Recognizes child's needs	<input type="text"/>	Expresses love, empathy, sensitivity to child	<input type="text"/>

The parent/guardian has met or maintained these conditions for return as evidenced by the treatment provider

- Is willing for an in-home safety plan to be developed and has demonstrated that they will cooperate with all identified safety service actions and safety resources/providers
- Is calm and consistent enough for an in-home safety plan to be implemented and for safety actions and safety resources/service providers to be in the home safely
- Safety resources/services are available at a sufficient level and to the degree necessary in order to gauge the way in which impending danger is manifested in the home
- An in-home safety plan and the use of in-home safety resources and services can sufficiently manage impending danger without the need for results of a professional evaluations.
- The parents/legal guardians have a domicile/residence in which to implement an in-home safety plan. (shelter, tent, house, etc.)

Comments:

- Client should remain in service     Client is being discharged from service     Client has successfully completed service

Provider Signature