4/Permanent

STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
TEEN PARENT SERVICES CHANGE/PROGRESS REPORT

CASE INFORMATION

Case Name: Case Number:

Teen Parent: Birthdate: Social Security Number:

Address: City: ZIP Code:

DHS OFFICE

DHS Office Name (#) : LO Liaison:

Address: Phone: Fax:

City: ZIP Code: E-Mail:

TEEN PARENT SERVICES PROVIDER

TPS Provider: TPS Contact:

Address: Phone: Fax:

City: ZIP Code: E-Mail:

TEEN PARENT PROGRESS

__ Activity Code:_____ Hours per Week:_____ __ Activity Code:_____ Hours per Week:_____ __ Activity Code:_____ Hours per Week:____

__ Name of School (or description of RSP Activity Plan)

__ Currently Attending/Participating in Above Activity __ Progress Report_____

__ Not Participating, but has good cause:_____
__ No Current Verification of Participation, reason unknown
__ Reconciliation Scheduled For: _____ Reconciliation Results: ☐ Successful ☐ Unsuccessful

__ Exempt: Child under age 12 weeks, born:_____
__ Activity Completed on :_____
__ Referred to New Activity _____ on: _____
__ Remains in Sanction
__ Other Information_____

REPORT OF A NEW JOB

__ Went to Work at _____Wages per hour_____ Hours per Week_____ Start Date_____ First Pay Date_____

REQUEST FOR LOCAL OFFICE ACTION

__ Impose Sanction Reason Code _____ Date _____
__ Lift Sanction Reason_____ Date _____
__ Add/Change code 675 Effective Date_____
__ Add EDD _____
__ Other:_____

LOCAL OFFICE COMMENTS/ REQUESTS

_____

_____

Caseworker: Title: Phone: Caseload:

TPS Case Manager Signature:_____ **Activity Manager Code**_____ **Date**_____

Print Reset Button

IL444-2151D(R-10-02) (E)