

St. Clair County Community Mental Health Authority
Blue Water Clubhouse Monthly Activity

Month Activity For: _____

First Name	Last Name	Cost Center Code	Service Code	Case #	IPOS Date

Goal #1: _____

Objective(s): _____

☐ Progress Made

☐ No Progress Made

Goal #2: _____

Objective(s): _____

☐ Progress Made

☐ No Progress Made

Units Participated in

☐ Business Unit ☐ Kitchen Unit ☐ Maintenance Unit ☐ Snack Bar Unit

Clubhouse Activities/Meetings

☐ Community Resources ☐ Employment ☐ Health & Wellness ☐ House Meeting ☐ Job Club

☐ Safety ☐ Supported Education ☐ Unit Meetings ☐ Other

Participated in Social Recreation Activities ☐ Yes ☐ No

If Yes, which activities? _____

I am satisfied with my housing status ☐ Yes ☐ No

I am satisfied with my employment status ☐ Yes ☐ No

I am satisfied with my education status ☐ Yes ☐ No

Need for Goal Revision ☐ Yes ☐ No If yes, what action taken? _____

Member Comments: _____

Staff Comments: _____

Member Signature: _____ Date: _____

Printed Staff Name: _____

Title: _____ Credentials: _____

Staff Signature: _____ Date: _____