



The purpose of this form is for organizations to report back regarding whether recipients of financial assistance adhered to conditions set by the Department.

Which of the following condition programmes are you offering?

- | | |
|---|--|
| <input type="checkbox"/> Registration and programmes with Workforce Opportunities and Residency Cayman (WORC) | <input type="checkbox"/> Assessment or treatment for substance use or abuse |
| <input type="checkbox"/> Educational courses or courses of training | <input type="checkbox"/> Parenting programmes |
| <input type="checkbox"/> Employment, internships or apprenticeships | <input type="checkbox"/> Medical or psychiatric examination, assessment or treatment |
| <input type="checkbox"/> Volunteer work | <input type="checkbox"/> Others: _____ |

Name of Organization

Name of Organization Representative

Position of Organization Representative

Contact Number

Contact Email

Name of DFA Client

FAS ID

Position or Programme Name

Participation Period from

to

Total Hours during this Period

What days and times were the recipient supposed to attend your organization?

Progress Report:

Please complete performance ratings for this recipient. The information you provide will be used to help develop an individualized plan of assistance and match the recipient with appropriate interventions.

Keys:

5 - Always 4 - Usually 3 - Sometimes 2 - Rarely 1 - Never N/A-Not Applicable

Note: A rating of 3 or below indicates a problem or concern that warrants further follow-up.

Recipient Performance

Rating

Attend Regularly

Punctual

Cooperative

Participated

Stayed on Task

Completed Assignments

Quality of Work was Satisfactory

Recipient Strengths:

Recommendation for Improvements:

Do you want to share any additional information regarding the client with the Department of Financial Assistance?

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to dfainfo@gov.ky.