CITY OF LONG BEACH

# Monthly Update Form

| Participant Name: _____ | HMIS ID: _____ |
|---|---|

**Monthly meeting: Participants are required to meet with agency staff at a minimum of once per month**

Monthly Meeting Date & Location: _____

**Goal update: Reference the Housing Stability Plan to complete the Monthly Update form.**

| Goals: | Status: |
|---|---|
| | |
| | |
| | |

**Services and Referrals: Identify services provided during appointment.**

☐ Physical Health Connection ☐ Legal Support ☐ Food Security

☐ Mental Health Connection ☐ Benefits Assistance ☐ Other: _____

☐ Transportation Assistance ☐ Financial Management

**Signatures:**

| _____ | _____ | _____ |
|---|---|---|
| Participant Name | Participant Signature | Date |
| _____ | _____ | _____ |
| Staff Name | Staff Signature | Date |

Date of Next Appointment: _____ Time of Next Appointment: _____

Location of Next Appointment: _____

**Monthly Contact Attempt: Complete if unable to connect with program participant**

| | | |
|---|---|---|
| 1st Attempt Date: | Method: | Result/Outcome: |
| 2nd Attempt: Date | Method: | Result/Outcome: |
| 3rd Attempt Date: | Method: | Result/Outcome: |