

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

Month Activity for: _____

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

Goal #1: _____

Objectives: _____

Progress Made No Progress Made

Goal #2: _____

Objectives: _____

Progress Made No Progress Made

Units Participated In

Business Unit Kitchen Unit Maintenance Unit Snack Bar Unit

Clubhouse Activities/Meeting

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? _____

Social Determinants of Health Questions

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

Goal Revision Needed? Yes No If yes, what action was taken? _____

Member Comments:

Staff Comments:

Signatures

Member Signature

Date

Staff Signature/Credentials

Print Name

Date

Job Title