

## Family Pathfinders of Tarrant County, Inc., Mentoring Program Monthly Client Detail

October 2008 – September 2009

Report for: [Month 2009](#)

	Name (Last, First)	SSN	Date of Birth	Career Consultant	Enroll Date	Close Date	Vol. Team or Wait List	# kids	Employed?		#Months Retained
									FT	PT	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
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Family Pathfinders of Tarrant County  
**Mentoring Program**

Monthly Program Summary  
**Month 2009**

1. Please explain any discrepancies among Contracted Goals, Actual Performance and Status.
2. Describe any problems you are encountering.
3. Program narrative.
4. Provide at least one success story, accomplishment, improvement or achievement.
5. Give brief details of communication, activities, and/or meetings with your assigned WNI Center Manager Liaison.

**Family Pathfinders of Tarrant County, Inc.  
Mentoring Program Monthly Summary  
October 2008 – September 2009**

<p><b>Report for Month / Year:</b>  <u>    Month 2009    </u></p>
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Information Requested	Current Month	YTD Unduplicated Cumulative	Contracted Goal	Actual Performance	Status (Check One)		
					Failing	Meeting	Exceeding
1. Total families enrolled in the program							
2. Number of Individuals Served (includes children)							
3. Number of families matched with a volunteer team							
4. Number of Families Currently on Waiting List							
5. Number of participants enrolled for 3+ months							
6. Number of participants enrolled for 3+ months who are employed							
7. Number of new enrollments this month							
8. Clients who have retained employment 3+ months							

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Pathfinders of Tarrant County, Inc.  
Listing of Volunteer Teams  
**October 2008 – September 2009**

Team Organization	3 digit code	Date Formed	Team Contact & Phone	Status (Active/Inactive)	Number of Members