

CTI Phase-Date Tracking Form

For CTI Case Managers and Supervisors*



Program Name:				Supervisor Name:			
Case Manager Name	Veteran Name	Date Enrolled in GPD Aftercare Grant	Phase 1 Start Date Date of Move In	Phase 2 Start Date Planned / Actual	Phase 3 Start Date Planned / Actual	Date Closed Planned / Actual	Date of Supervisory Review
EXAMPLE J. Jones	EXAMPLE Mr. Smith	EXAMPLE 4/10/20	EXAMPLE 5/8/20	7/8/20	9/8/20	11/8/20	4/13, 4/21. 4/28, 5/5, 5/9, 6/2, 6/9, 6/16 etc.
				7/17/20	9/10/20	11/15/20	

*This form tracks participant progress through the phases of CTI, supervisory reviews and can be used for fidelity review. It is not required, but rather strongly recommended to use this or something similar to assist in supporting movement through the phases of CTI.

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