

**Household Stability Log Sheet:** This form is to be submitted with supporting documents daily at 10am by all FSS. The form is then cross-checked by the Manager of HHS. The form is then submitted by 12h00 to the Manager of M&E. If the Manager of HHS is on leave, forms should be directly submitted to the Manager of M&E. If the Manager of M&E is on leave, the M&E Administrator will sign off. If a staff member is on leave, they are required to submit logs upon their return.

Staff Name:

Client Information	Assessment/Consultation	Service Provided	Source Document	Mg. Sign Off
Case #: Date: Surname, Name:	<input type="checkbox"/> <b>Home Assessment</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <input type="checkbox"/> <b>MH Assessment</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <input type="checkbox"/> <b>Home Visit (# in home: )</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <i>Others:</i> <input type="checkbox"/> <b>Consultation (follow-up)</b> <input type="checkbox"/> <b>Resilience Work</b>	<input type="checkbox"/> Acceptance of Status <input type="checkbox"/> Annual Care Plan Created <input type="checkbox"/> Counselling – Basic <input type="checkbox"/> Counselling – Intensive <input type="checkbox"/> Counselling – Memory Box <input type="checkbox"/> Disclosure of Status <input type="checkbox"/> Family Meeting <input type="checkbox"/> Foster Care Placement <input type="checkbox"/> Moved Child to Safety <input type="checkbox"/> Milestone Develop. <input type="checkbox"/> Pill Count/Adherence <input type="checkbox"/> Psych. Consult/Resilience Work <input type="checkbox"/> Psych. Appointment <input type="checkbox"/> Referral <input type="checkbox"/> Succession Planning <b>Case Closed:</b> <input type="checkbox"/> Did not fit Ubuntu Criteria <input type="checkbox"/> Deceased <input type="checkbox"/> Moved <input type="checkbox"/> Refused Service <input type="checkbox"/> Lost to follow-up	<input type="checkbox"/> Assessment Form <input type="checkbox"/> Counselling Notes <input type="checkbox"/> Referral Form <input type="checkbox"/> Family Meeting <input type="checkbox"/> Care Plan <input type="checkbox"/> Milestone Dev. Form	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Case #: Date: Surname, Name:	<input type="checkbox"/> <b>Home Assessment</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <input type="checkbox"/> <b>MH Assessment</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <input type="checkbox"/> <b>Home Visit</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <i>Others:</i> <input type="checkbox"/> <b>Consultation (follow-up)</b> <input type="checkbox"/> <b>Resilience Work</b>	<input type="checkbox"/> Acceptance of Status <input type="checkbox"/> Annual Care Plan Created <input type="checkbox"/> Counselling – Basic <input type="checkbox"/> Counselling – Intensive <input type="checkbox"/> Counselling – Memory Box <input type="checkbox"/> Disclosure of Status <input type="checkbox"/> Family Meeting <input type="checkbox"/> Foster Care Placement <input type="checkbox"/> Moved Child to Safety <input type="checkbox"/> Milestone Develop. <input type="checkbox"/> Pill Count/Adherence <input type="checkbox"/> Psych. Consult/Resilience Work <input type="checkbox"/> Psych. Appointment <input type="checkbox"/> Referral <input type="checkbox"/> Succession Planning <b>Case Closed:</b> <input type="checkbox"/> Did not fit Ubuntu Criteria <input type="checkbox"/> Deceased <input type="checkbox"/> Moved <input type="checkbox"/> Refused Service <input type="checkbox"/> Lost to follow-up	<input type="checkbox"/> Assessment Form <input type="checkbox"/> Counselling Notes <input type="checkbox"/> Referral Form <input type="checkbox"/> Family Meeting <input type="checkbox"/> Care Plan <input type="checkbox"/> Milestone Dev. Form	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Case #: Date: Surname, Name:	<input type="checkbox"/> <b>Home Assessment</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <input type="checkbox"/> <b>MH Assessment</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <input type="checkbox"/> <b>Home Visit</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <i>Others:</i> <input type="checkbox"/> <b>Consultation (follow-up)</b> <input type="checkbox"/> <b>Resilience Work</b>	<input type="checkbox"/> Acceptance of Status <input type="checkbox"/> Annual Care Plan Created <input type="checkbox"/> Counselling – Basic <input type="checkbox"/> Counselling – Intensive <input type="checkbox"/> Counselling – Memory Box <input type="checkbox"/> Disclosure of Status <input type="checkbox"/> Family Meeting <input type="checkbox"/> Foster Care Placement <input type="checkbox"/> Moved Child to Safety <input type="checkbox"/> Milestone Develop. <input type="checkbox"/> Pill Count/Adherence <input type="checkbox"/> Psych. Consult/Resilience Work <input type="checkbox"/> Psych. Appointment <input type="checkbox"/> Referral <input type="checkbox"/> Succession Planning <b>Case Closed:</b> <input type="checkbox"/> Did not fit Ubuntu Criteria <input type="checkbox"/> Deceased <input type="checkbox"/> Moved <input type="checkbox"/> Refused Service <input type="checkbox"/> Lost to follow-up	<input type="checkbox"/> Assessment Form <input type="checkbox"/> Counselling Notes <input type="checkbox"/> Referral Form <input type="checkbox"/> Family Meeting <input type="checkbox"/> Care Plan <input type="checkbox"/> Milestone Dev. Form	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Case #: Date: Surname, Name:	<input type="checkbox"/> <b>Home Assessment</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <input type="checkbox"/> <b>MH Assessment</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <input type="checkbox"/> <b>Home Visit</b> <input type="checkbox"/> On-track <input type="checkbox"/> Slightly Off-track <input type="checkbox"/> Off-track <i>Others:</i> <input type="checkbox"/> <b>Consultation (follow-up)</b> <input type="checkbox"/> <b>Resilience Work</b>	<input type="checkbox"/> Acceptance of Status <input type="checkbox"/> Annual Care Plan Created <input type="checkbox"/> Counselling – Basic <input type="checkbox"/> Counselling – Intensive <input type="checkbox"/> Counselling – Memory Box <input type="checkbox"/> Disclosure of Status <input type="checkbox"/> Family Meeting <input type="checkbox"/> Foster Care Placement <input type="checkbox"/> Moved Child to Safety <input type="checkbox"/> Milestone Develop. <input type="checkbox"/> Pill Count/Adherence <input type="checkbox"/> Psych. Consult/Resilience Work <input type="checkbox"/> Psych. Appointment <input type="checkbox"/> Referral <input type="checkbox"/> Succession Planning <b>Case Closed:</b> <input type="checkbox"/> Did not fit Ubuntu Criteria <input type="checkbox"/> Deceased <input type="checkbox"/> Moved <input type="checkbox"/> Refused Service <input type="checkbox"/> Lost to follow-up	<input type="checkbox"/> Assessment Form <input type="checkbox"/> Counselling Notes <input type="checkbox"/> Referral Form <input type="checkbox"/> Family Meeting <input type="checkbox"/> Care Plan <input type="checkbox"/> Milestone Dev. Form	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:

Weekly Sign off by M&E Manager:

Date: