

COMMON SENSE PARENTING PROGRAM VOUCHER

	Parent Initials	Assessment	Referral Received Date	DSS		TANF		Court Ordered		DV		Referred Back Date	Duplicate Referrals	Date Class Started	Date Class Completed	Unit Cost
				Com	Not- com	Com	Not- com	Com	Not- com	Com	Not- com					
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
Total Cost:																

Date: _____ **County:** _____ **Court District:** _____ **City Classes Held In:** _____

Number of Children Served: _____ Number of Males Attending: _____ Number of Females Attending: _____

Number of Families In the Class: _____ Incarcerated Parents: _____

Class ID Number: _____ Parents with Disabilities: _____ Children with Disabilities: _____

Number of Books Given to DSS/TANF Parents: _____ **/Amount:** _____ **Total Class Amount:** _____

Facillitator: _____ **Agency:** _____ **Address:** _____