RECOVERY COMMUNITY CENTER – MONTHLY UTILIZATION & DATA REPORT

Location: _____ Month: _____ Year: _____

Section 1: General Statistics

Data	**Result**
# of RCC visits to this location	
# of phone calls for assistance received (All/IROC specific)	
# of emails for assistance received (All/IROC Specific)	
# of new Intakes (All/IROC Specific)	
# of GPRAs completed	
# of Recovery Capital Scales completed	
# of individual meetings with recoveree (face-to-face/virtual)	
# of calls/texts made to recoverees (Recovery Checkups)	
# of calls/texts answered by recoverees (Recovery Checkups)	
# of institutional pick ups (Day One Program, etc.)	
# of recovery-related transports	
TOTAL	

Section 2: Volunteer Recruitment/Development

Data	**Result**
# of volunteers	
# of volunteer hours	
# of volunteer hours of training/orientation/development	
TOTAL	

Section 3: Support Groups/Activities provided by Center

Date(s)	**Name of Support Group/Activity**	**# of attendees**

Section 4: Services Provided/Referrals to community resources

Service/Referral Type	**#**	**Provided**	**Referred**
Clothing/Clothing Closet			
Clothing/Thrift Store Voucher			
Clothing/Job Search			
Computer Lab			
Counseling			
Crisis Intervention/Crisis Center			
Crisis Intervention/Mobile Crisis/DHW			
Disability Services			
Education			
Emotional Support			
Family Support			
Food Bank			
Food Benefits (SNAP)			
Food Box			
Funding for Treatment (BPA, Medicaid, etc.)			
Housing Assistance			
Hygiene Bag			
Medicaid/Medical Insurance			
MH Treatment			
Peer Support Specialist			
Recovery Coach			
Recovery Community Connection			
Social Activities			
SUD Treatment/Detox			
Transportation/Bicycle			
Transportation/Bus Passes			
Transportation/volunteer or staff provided			
Veteran's Services			
Vocational Rehabilitation			
Volunteer Opportunities/Community			