



Participant—Quarterly Report

Complete the form and return to IPHP staff.
400 SW 8th Street, Suite C, Des Moines, IA 50309
www.iphp.iowa.gov

Participant Name:

Indicate which quarter this report covers.

1st Quarter (January-March) - due April 1– 20

3rd Quarter (July-Sept) - due Oct 1– 20

2nd Quarter (April-June) - due July 1-20

4th Quarter (Oct-Dec) - due Jan 1– 20

List Dates of Sessions with ALL Providers:

Current Treatment Goals:

Are you having difficulty working on these goals?

Has there been a change in your treatment? If yes, please indicate the change.

What is your current support system?

Describe any challenges and successes in your home life.

Describe any challenges and successes with your employment.

Has there been a change in your work status (call, hours, loss of staff, increase in duties, etc.)?

Are you able to maintain your mental health, sobriety, etc. in the face of family and work demands?

**Are you in compliance with the terms of your IPHP contract?
If no, please explain.**

YES

NO

Do you have any travel plans for this upcoming quarter?

Do you have any requests for the IPHP to consider?

Would you like the IPHP case manager to contact you?

YES

NO

ADDITIONAL COMMENTS OR CONCERNS:

SIGNATURE:

DATE:
