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New Mexico Works Program																			
		-)	<u> </u>					Gold Mentor	Services R	eport (D	etail)				-			
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Contractor:												Month	YTD						
Report Month and Year:						u			Total Pre Sanction										
						Month	YTD		Total 1st Sanction										
Total Mentors:									Total 2nd Sanction										
Total Participants Served:					ved:				Т										
						<u>'- 'J</u>			Total State Exempt										
							Total All Other												
										Service Types									
		/pe d	of Se	ervic	е	Participant Information													
Referral Number	Pre-Sanction	1st Sanction	Barrier Services	State Exempt	All other	Last Name	First Name	SSN	Service Provider Refered By (County)	Referral Date (MM/DD/YY)	Date Attempt #1	Date Attempt #2	Date Attempt #3	Date of Contact Visit or "U" if Unable to Contact	Follow- up needed ? (Y/N)	Referral Closed? (Y/N)	What are the client's barriers to participation ?	How did the GM contact positively impact client's compliance status?	