**Client Name:** **Client ID#:**

**TANF#:** **Date of Report:**

**Clinician Completing Report:**

**Report Submitted To:**

**Method of Submission:**

**Current Treatment Services:**

**Weekly Scheduled Treatment Hours:**

**Participation Summary** (attendance, attitude, participation, insight, behavior changes, etc.):

**Drug Screens:**

**Date:** **Attended:** \_\_Yes \_\_No **Results:** \_\_Pos \_\_Neg

**Date:** **Attended:** \_\_Yes \_\_No **Results:** \_\_ Pos \_\_Neg

**Date:** **Attended:** \_\_Yes \_\_No **Results:** \_\_Pos \_\_Neg

**Date:** **Attended:** \_\_Yes \_\_No **Results:** \_\_ Pos \_\_Neg

**Date:** **Attended:** \_\_Yes \_\_No **Results:** \_\_ Pos \_\_Neg

**Date:** **Attended:** \_\_Yes \_\_No **Results:** \_\_Pos \_\_Neg

**Date:** **Attended:** \_\_Yes \_\_No **Results:** \_\_ Pos \_\_Neg

**Date:** **Attended:** \_\_Yes \_\_No **Results:** \_\_ Pos \_\_Neg

**For Positive Drug Screens Identify:**

**Date:** **Positive for:** **Intervention(s):**

**Date:**  **Positive for:** **Intervention(s):**

**Date:** **Positive for**: **Intervention(s):**

**Date:** **Positive for:** **Intervention(s):**

**Recommendations** (for instance--continue at current level of care or change in level of care, increase/decrease group/individual sessions, or decrease/increase drug detection screens, or change in group focus, etc.):

Client Name: