



TREATMENT PLAN AND CHANGE REPORT FOR A TANF-REFERRED CLIENT FROM CHEMICAL DEPENDENCY TREATMENT SERVICES AGENCIES

FAX TO: _____

COMMUNITY SERVICES OFFICE (CSO) WORKER'S NAME CSO OFFICE

FAX NUMBER TELEPHONE

RE: _____

CLIENT'S NAME CLIENT'S AU ID

PERIOD: _____

MONTH/YEAR

TREATMENT PLAN

DATE ENTERED INTO TREATMENT	DATE ANTICIPATED COMPLETION	RECOMMENDED LENGTH OF TREATMENT IN CURRENT LEVEL OF CARE	IS CHILD CARE PROVIDED ON SITE BY TREATMENT AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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TREATMENT SCHEDULE:

DAY OF THE WEEK	HOURS IN TREATMENT		COMMENTS AND RECOMMENDATIONS
	TREATMENT	OTHER SUPPORT GROUPS *	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
WEEK TOTAL			

* Identify other support groups attending as part of the treatment plan:

Comments and recommendations: (Include recommendation toward employment activities)

TREATMENT PLAN AND CHANGE REPORT, PAGE 2

Client failed to report to Assessment or Initial appointment at treatment agency

Change in level of care (specify or indicate on front):

Referred/transferred to another treatment provider Date: _____

NAME: _____ ADDRESS: _____

Not in compliance with treatment plan. Reason

Last date of participation _____

Continued drug use

Partial compliance with treatment

Violation of program rules

Pattern of missed or consistently missed session(s)

Not amenable to treatment (unwilling to commit and/or participate)

Other _____

Explanation:

Discharged from treatment. Reason:

No contact/abort

Not amendable to treatment

Rules violation/non-compliance

Incarcerated

Withdrew against program advice

Moved

Withdrew with program advice

Other _____

Barriers to completion of treatment plan:

Completed treatment Date: _____

STAFF SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____ TITLE _____

NAME OF TREATMENT AGENCY _____ TELEPHONE NUMBER (INCLUDE AREA CODE) _____

PROHIBITION OF REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT: This information has been disclosed to you from records protected by federal confidentiality rules (42CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.