



**RECOVERY CONSULTANT CLIENT CONTACT LOG
 PROGRESS REPORT
 INDIANA ACCESS TO RECOVERY (ATR)**
 State Form 54882 (R / 10-12)



Name of client _____

Is client remaining steady in their recovery? Yes No Is client consistently accessing services at referral agencies? Yes No

Housing Status
 Detoxification Unit Residential Treatment Transitional Housing Home Other: _____

RECOVERY PLAN	Yes	No	N/A
1. Clinical Needs			
2. Medical Needs			
3. Support Group Attendance			
4. Transportation Needs			
5. Education, Employment Needs			
6. Peer Coaching or Mentoring			
7. Drug and Alcohol-Free Social Activities			
8. Other State and Federal Assistance			
9. Other: _____			

Is client making progress toward recovery goals and objectives? Yes No

Vouchers needed: _____ Check if new referral(s)

ATR FORMS	Yes	No	N/A
1. IRP Reviewed / Updated			
2. Release of Information Reviewed / Updated			
3. Client Information Sheet Reviewed (Contacts Updated)			

Date of service (month, day, year) _____ Start time _____ End time _____

* For all services with an asterisk (*), there must be an invoice / receipt in the client file for each log entry.	ATR UNITS	ENCOUNTER IDENTIFICATION
Client Contact		
Relapse Prevention		
GPRF Follow Up Client Incentive *		
Transportation (please check one): <input type="checkbox"/> Public * <input type="checkbox"/> Agency <input type="checkbox"/> Vehicle <input type="checkbox"/> Bicycle		
ANSA Assessment		
Follow up Provider Incentive - 85%		
RC-Wellness		
What occurred during the session?		
What was the goal of the interaction, or how did this session assist client in gaining or maintaining their recovery?		
What is next for the client, or when should the client expect to return to for further assistance with their recovery?		

Date of next client contact (month, day, year) _____ Date of next interview (month, day, year) _____

By signing this contact log I certify under penalty of perjury that the above information is correct and accurate.

Signature of client _____	Date (month, day, year) _____
Signature of rendering staff _____	Date (month, day, year) _____