



**RECOVERY SUPPORT
CLIENT CONTACT LOG
INDIANA ACCESS TO RECOVERY (ATR)**
State Form 55007 (6-12)



Name of client			
Start date (month, day, year)	Start time	End date (month, day, year)	End time
ATR units		Encounter identification number	

RECOVERY SUPPORT SERVICES – Select only one box for each log entry.

* For all services with an asterisk (*) there must be an invoice/receipt in the client file for each log entry.

<input type="checkbox"/> Family and Marital Counseling	<input type="checkbox"/> Family & Marital Counseling - Group	<input type="checkbox"/> Peer Coaching
<input type="checkbox"/> Individual Parenting Education	<input type="checkbox"/> Group Parenting Education	<input type="checkbox"/> Parenting Services - Respite Child Care
<input type="checkbox"/> Employment Services - Individual	<input type="checkbox"/> Employment Services - Group	<input type="checkbox"/> Employment Services - Apprenticeship
<input type="checkbox"/> Individual Support - Faith Based	<input type="checkbox"/> Group Support - Group < 20 - Faith Based	<input type="checkbox"/> AOD Screen
<input type="checkbox"/> Group Community Support	<input type="checkbox"/> Individual Community Support	<input type="checkbox"/> Comm. Based Continuing Care*
<input type="checkbox"/> Transportation Agency Vehicle	<input type="checkbox"/> Transportation - Bicycle	<input type="checkbox"/> Transportation - Public*
<input type="checkbox"/> GED Test	<input type="checkbox"/> Individual GED and Supportive Education	<input type="checkbox"/> Group GED and Supportive Education
<input type="checkbox"/> Ind. SA Prevent/Inter Education	<input type="checkbox"/> Group SA Prevent/Inter Ed	<input type="checkbox"/> Emergency Housing
<input type="checkbox"/> Transitional Housing Assistance		

NOTES

What occurred during the session, what was the topic, and what did I learn?

How will I use the information for my recovery?

CLIENT PROGRESS – To be completed by Rendering Staff.

Check one:

Client did participate. Client did not participate.

Notes

What is next for the client, or when should the client expect to return to for further assistance with their recovery?

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