



**TRANSITIONAL HOUSING WEEKLY
CLIENT CONTACT LOG
INDIANA ACCESS TO RECOVERY (ATR)**
State Form 55008 (6-12)



Name of client		
ATR units	Encounter identification number	Type of housing ☐ Transitional Housing Assistance ☐ Emergency Housing

Friday, date (month, day, year)	What did I do today?
How will these activities help me stay sober?	
Saturday, date (month, day, year)	What did I do today?
How will these activities help me stay sober?	
Sunday, date (month, day, year)	What did I do today?
How will these activities help me stay sober?	
Monday, date (month, day, year)	What did I do today?
How will these activities help me stay sober?	
Tuesday, date (month, day, year)	What did I do today?
How will these activities help me stay sober?	
Wednesday, date (month, day, year)	What did I do today?
How will these activities help me stay sober?	
Thursday, date (month, day, year)	What did I do today?
How will these activities help me stay sober?	

How did this week's activities help me find permanent housing and help me stay sober?

<i>Do not sign until filled out completely.</i>	
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)
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