$\mathsf{SA}\ \Box\ \mathsf{MH}\ \Box\ \mathsf{SX}\ \Box$ 

## DAILY TREATMENT LOG

□ Medicaid □ Insurance

COMPLETE ONE FORM PER CLIENT PER MONTH

Туре	Code	Auth	Used	Remain

Туре	Code	Auth	Used	Remain			
Copay: Monthly Ind/grp/assess//							
□ Medication □ Bus pass □ Rise □ Pretrial □ Post							

Client Name: Client Name

**USPO:** Probation Officer

## Click to enter month

PACIS	NO. PACIS NO	<b>JSPO:</b> Probation Officer				Click to enter term date				
Date	Client's Signature/Initials	Time In	Time Out	Co-Pay Collected	Vendor's Initials	Service Code	Total Minutes	Units		
Individual Counseling										
		Group	Counseli	ng						
Other Services / Extra Co-Pays w/out a service										
		<b>_</b>								