

[illegible]

MEDICATIONS _____ _____
PLAN FOR CONTINUATION _____ _____
VOCATIONAL/EDUCATIONAL/FINANCIAL STATUS _____ _____
DISCIPLINARY ACTION (attach any non-compliance warnings) _____ _____
REASONS AND NOTIFICATIONS OF GRIEVANCE _____ _____
REFERRAL _____ _____
FOLLOW UP PLAN 12 Step meetings _____ _____
Group Counseling _____ _____
Individual counseling _____ _____
Resources needed and referrals made _____ _____
Aftercare services by program _____ _____
<div style="display: flex; justify-content: space-between;"> STAFF SIGNATURE _____ DATE _____ </div>

