California Access to Recovery Effort

(CARE) Form 8

CLIENT SERVICES SUMMARY

Instructions: This form must be completed for every CARE client and must have an entry for every service billed to the CARE program. The "Service Summary" column should either include detail on the service, or cross reference a progress note entry in the client's file. The completed form may be kept in the client's file or in a binder with all other CARE clients' forms.

Service Date	**Start-End Time** (Length must meet the unit requirements)	**Service Provided** (Must correspond to the service billed in the VMS)	**Service Summary** (Enter summary here, or if progress note is entered in client's file, state that here)	**Staff Signature** (Signature of staff person who conducted the service)	**Client Signature** (Client's signature verifying that service was provided)