



DIVISION OF BEHAVIORAL HEALTH AND RECOVERY (DBHR)
DBHR Target Group Support Activities

GROUP NAME	AGENCY NUMBER
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ACTIVITY TYPE (CODE 1) <input type="checkbox"/> Alcohol and other Drug Information School <input type="checkbox"/> Brief Therapy - Group <input type="checkbox"/> Community Education <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Support <input type="checkbox"/> Housing Services <input type="checkbox"/> Non-Treatment Group <input type="checkbox"/> Outreach Services <input type="checkbox"/> Peer Support <input type="checkbox"/> Referral <input type="checkbox"/> Screening <input type="checkbox"/> Staff Continuing Education	CONTRACT TYPE (CODE 3) 1 – Adult Outpatient 2 – Adult Residential 3 – ATR – Access to Recovery 4 – BRIDGES 5– CDDA (COMM) 6 – CDDA (LS) 7 – Criminal Justice (CJ) 8 – Criminal Justice - Innovation 9 – DOC-COM 10– DOC-JAIL 11 – Gov2Gov (NonXIX) 12 – Indian Health Services (IHS) 13 – Intensive Case Management 14 – Local Sales Tax 15 – Molina – Managed Care 16 – Other/None 17 – Pregnant/Parenting 18 – TANF (ESA) 19 – Tribe MOA (Title XIX) 20 – WA-CARES 21 – WASBIRT 22 – Youth Treatment	FUND SOURCE (CODE 2) <input type="checkbox"/> Agency Funded <input type="checkbox"/> County Community Services <input type="checkbox"/> Dept. of Corrections (DOC) <input type="checkbox"/> Federal Direct <input type="checkbox"/> Other <input type="checkbox"/> Private Pay <input type="checkbox"/> State Direct <input type="checkbox"/> Tribal Community Services
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ACTUAL DURATION	ACTUAL DATE	ACTUAL TIME : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
SERVICE HOURS :	STAFFIDENTIFICTION	STAFF TIME :

ATTENDANCE

LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	ATTENDANCE		
				YES	EXCUSED	NO SHOW
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