OMB # 0930- XXXX Expiration Date: xx/xx/xxxx

PCAP Client Module Client Exit Close-out Form

Agency Name:	Site Name:
Client #:	Date://
 2. a. Number of different advocates this client had b. List all advocates this client had by name and Name 1)	
 4)	
 b. For how many months was client out of contact with program? 4. If there are any reasons that make this client unusual for purposes of analyzing data, please note below: 	

Advocate #: ___ __

ADAI Sound Data Source—2/2/2007 http://adai.washington.edu/sounddatasource

Parent-Child Assistance Program (PCAP)

University of Washington

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 15 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.