

Advocate Accounting of Tracing Activity on Missing Post-Exit Client

This form is to be completed and submitted at the end of each month, instead of the Monthly Update, until the missing post-exit client is brought in for an Exit Interview.

➤ Date this form submitted: ___ ___/___ ___/___ ___ Advocate #: _____ Client #: _____

Client's Program Exit Date (3 years past enrollment date): ___ ___/___ ___/___ ___

What is the status of this missing client? Why hasn't she been brought in for an Exit Interview?

What have you done to try to contact this client? How frequently do you make attempts?

How often have you tried to contact her in the past month?

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.