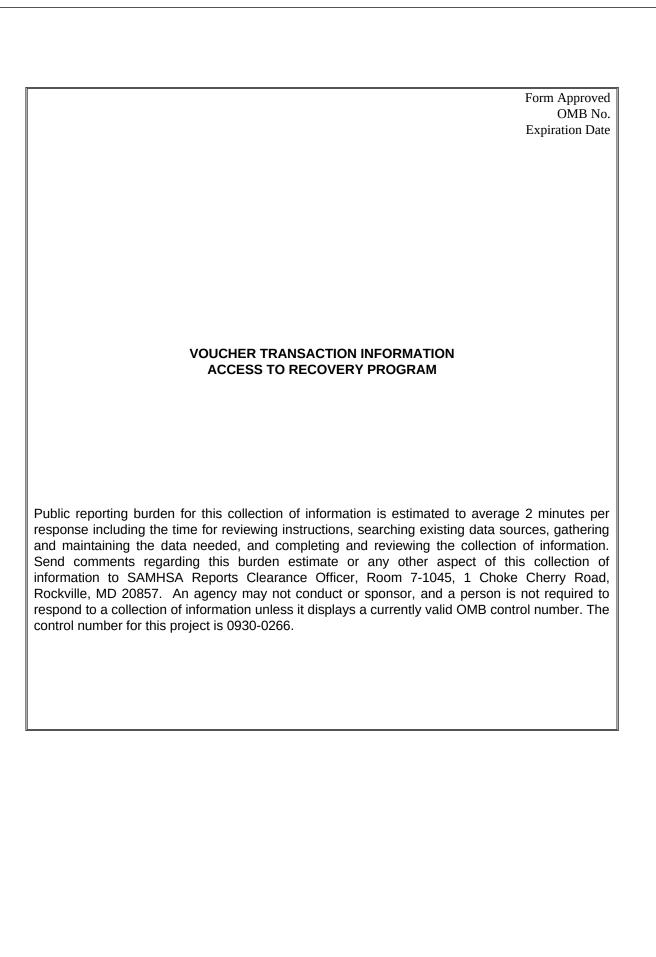


Grant ID: Voucher ID: Voucher Issue Date:	Cli	ent ID:				
Voucher Issue Date:	Grant ID:					
Month Day Year Voucher Amount:: \$\$\text{Voucher Service Type:}\$\$ (Check all that apply)\$\$ Clinical Treatment Services Medical Services Land Discovered Services 1. Screening/assessment 21. Medical Care 2. Brief Intervention 22. Alcohol/Drug Testing 3. Treatment Planning 23. HIV/AIDS Medical Support & Testing 4. Individual Counseling 24. Other Medical Services 5. Group Counseling 24. Other Medical Services 6. Family/Marriage Counseling 24. Other Medical Services 7. Co-occurring Treatment Services 25. Continuing Care 8. Pharmacological Interventions 25. Continuing Care 9. HIV/AIDS Counseling 27. Recovery Coaching 10. Other Clinical Services 28. Self-help and Support Groups 29. Spiritual Support 29. Spiritual Support 30. Other After Care Services 31. Substance Abuse Education 12. Child Care 31. Substance Abuse Education 13. Employment Services 32. HIV/AIDS Education 14. Pre-employment Services 33. Other Education Services 15. Employment Coaching 44. Peer Coachin	Vo	ucher ID:				
Clinical Treatment Services Medical Services	Voucher Issue Date: _ / / Month Day Y		_ _ /ear			
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20. Other Case Management Services 37. Information and Referral		18. HIV/AIDS services		35. Housing Support		
		19. Supportive transitional drug-free housing services		36. Alcohol- and Drug-Free Social Activities		
38. Other Peer-to-Peer Recovery Support Services		20. Other Case Management Services		37. Information and Referral		
				38. Other Peer-to-Peer Recovery Support Services		



VOUCHER	TRANSACTION	INFORMATION
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Client ID:				
Grant ID:				
Voucher ID:				
Transaction ID:				
Provider ID:				
Faith-Based Provider Yes No				
Voucher Redemption Date: _ / / _ Month Day				
Amount Redeemed: \$				
Number of Sessions:				
Voucher Service Type: (Indicate which service the client received for this transaction from the list below)				
Clinical Treatment Services	Medical Services			
	04 Madical Care			
Screening/assessment Brief Intervention	21. Medical Care			
3. Treatment Planning	22. Alcohol/Drug Testing 23. HIV/AIDS Medical Support & Testing			
4. Individual Counseling	24. Other Medical Services			
5. Group Counseling	24. Other Medical Services			
6. Family/Marriage Counseling	After Care/Recovery Support Services			
7. Co-occurring Treatment Services	25. Continuing Care			
8. Pharmacological Interventions	26. Relapse prevention			
9. HIV/AIDS Counseling	27. Recovery Coaching			
10. Other Clinical Services	28. Self-help and Support Groups			
Case Management/Recovery Support Services	29. Spiritual Support			
Case Management/Recovery Support Services	30. Other After Care Services			
11. Family Services (including marriage education, parenting and child development services)	Education/Recovery Support Services			
12. Child Care	31. Substance Abuse Education			
13. Employment Services	32. HIV/AIDS Education			
14. Pre-employment Services	33. Other Education Services			
15. Employment Coaching	Door to Door Door Survey Comment Comment			
16. Individual Services Coordination	Peer-to-Peer Recovery Support Services			
17. Transportation	34. Peer Coaching or Mentoring			
18. HIV/AIDS services	35. Housing Support			

19. Supportive transitional drug-free housing services	36. Alcohol- and Drug-Free Social Activities
20. Other Case Management Services	37. Information and Referral
	38. Other Peer-to-Peer Recovery Support Service