

ATTACHMENT A

**VOUCHER INFORMATION AND VOUCHER
TRANSACTION TOOLS**

Form Approved
OMB No.
Expiration Date

VOUCHER INFORMATION ACCESS TO RECOVERY PROGRAM

Public reporting burden for this collection of information is estimated to average 2 minutes per response 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 to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857. 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 control number for this project is 0930-0266..

VOUCHER INFORMATION

Client ID: _____

Grant ID: _____

Voucher ID: _____

Voucher Issue Date: |_|_|/|_|_|/|_|_|_|_|
 Month Day Year

Voucher Amount:: \$ _____.

Voucher Service Type: (Check all that apply)

Clinical Treatment Services		Medical Services			
<input type="checkbox"/>	1. Screening/assessment	<input type="checkbox"/>	21. Medical Care		
<input type="checkbox"/>	2. Brief Intervention	<input type="checkbox"/>	22. Alcohol/Drug Testing		
<input type="checkbox"/>	3. Treatment Planning	<input type="checkbox"/>	23. HIV/AIDS Medical Support & Testing		
<input type="checkbox"/>	4. Individual Counseling	<input type="checkbox"/>	24. Other Medical Services		
<input type="checkbox"/>	5. Group Counseling	After Care/Recovery Support Services			
<input type="checkbox"/>	6. Family/Marriage Counseling				
<input type="checkbox"/>	7. Co-occurring Treatment Services	<input type="checkbox"/>	25. Continuing Care		
<input type="checkbox"/>	8. Pharmacological Interventions	<input type="checkbox"/>	26. Relapse prevention		
<input type="checkbox"/>	9. HIV/AIDS Counseling	<input type="checkbox"/>	27. Recovery Coaching		
<input type="checkbox"/>	10. Other Clinical Services	<input type="checkbox"/>	28. Self-help and Support Groups		
Case Management/Recovery Support Services		<input type="checkbox"/>	29. Spiritual Support		
		<input type="checkbox"/>	30. Other After Care Services		
<input type="checkbox"/>	11. Family Services (including marriage education, parenting and child development services)	Education/Recovery Support Services			
<input type="checkbox"/>	12. Child Care				
<input type="checkbox"/>	13. Employment Services				
<input type="checkbox"/>	14. Pre-employment Services	<input type="checkbox"/>	31. Substance Abuse Education		
<input type="checkbox"/>	15. Employment Coaching	<input type="checkbox"/>	32. HIV/AIDS Education		
<input type="checkbox"/>	16. Individual Services Coordination	<input type="checkbox"/>	33. Other Education Services		
<input type="checkbox"/>	17. Transportation	Peer-to-Peer Recovery Support Services			
<input type="checkbox"/>	18. HIV/AIDS services				
<input type="checkbox"/>	19. Supportive transitional drug-free housing services				
<input type="checkbox"/>	20. Other Case Management Services				
<input type="checkbox"/>				<input type="checkbox"/>	34. Peer Coaching or Mentoring
<input type="checkbox"/>				<input type="checkbox"/>	35. Housing Support
<input type="checkbox"/>		<input type="checkbox"/>	36. Alcohol- and Drug-Free Social Activities		
<input type="checkbox"/>		<input type="checkbox"/>	37. Information and Referral		
<input type="checkbox"/>		<input type="checkbox"/>	38. Other Peer-to-Peer Recovery Support Services		

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**VOUCHER TRANSACTION INFORMATION
ACCESS TO RECOVERY PROGRAM**

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VOUCHER TRANSACTION INFORMATION

Client ID: _____

Grant ID: _____

Voucher ID: _____

Transaction ID: _____

Provider ID: _____

Faith-Based Provider Yes No

Voucher Redemption Date: |__|_|/|__|_|/|__|_|_|_|
 Month Day Year

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	
<input type="checkbox"/>	1. Screening/assessment	<input type="checkbox"/>	21. Medical Care
<input type="checkbox"/>	2. Brief Intervention	<input type="checkbox"/>	22. Alcohol/Drug Testing
<input type="checkbox"/>	3. Treatment Planning	<input type="checkbox"/>	23. HIV/AIDS Medical Support & Testing
<input type="checkbox"/>	4. Individual Counseling	<input type="checkbox"/>	24. Other Medical Services
<input type="checkbox"/>	5. Group Counseling	After Care/Recovery Support Services	
<input type="checkbox"/>	6. Family/Marriage Counseling		
<input type="checkbox"/>	7. Co-occurring Treatment Services	<input type="checkbox"/>	25. Continuing Care
<input type="checkbox"/>	8. Pharmacological Interventions	<input type="checkbox"/>	26. Relapse prevention
<input type="checkbox"/>	9. HIV/AIDS Counseling	<input type="checkbox"/>	27. Recovery Coaching
<input type="checkbox"/>	10. Other Clinical Services	<input type="checkbox"/>	28. Self-help and Support Groups
Case Management/Recovery Support Services		<input type="checkbox"/>	29. Spiritual Support
		<input type="checkbox"/>	30. Other After Care Services
<input type="checkbox"/>	11. Family Services (including marriage education, parenting and child development services)	Education/Recovery Support Services	
<input type="checkbox"/>	12. Child Care	<input type="checkbox"/>	31. Substance Abuse Education
<input type="checkbox"/>	13. Employment Services	<input type="checkbox"/>	32. HIV/AIDS Education
<input type="checkbox"/>	14. Pre-employment Services	<input type="checkbox"/>	33. Other Education Services
<input type="checkbox"/>	15. Employment Coaching	Peer-to-Peer Recovery Support Services	
<input type="checkbox"/>	16. Individual Services Coordination		
<input type="checkbox"/>	17. Transportation	<input type="checkbox"/>	34. Peer Coaching or Mentoring
<input type="checkbox"/>	18. HIV/AIDS services	<input type="checkbox"/>	35. Housing Support

<input type="checkbox"/>	19. Supportive transitional drug-free housing services	<input type="checkbox"/>	36. Alcohol- and Drug-Free Social Activities
<input type="checkbox"/>	20. Other Case Management Services	<input type="checkbox"/>	37. Information and Referral
		<input type="checkbox"/>	38. Other Peer-to-Peer Recovery Support Services