Print Form

AB 109 Client Intake and Progress Report
Behavioral Health Care Services

This report is to be used by mental health and substance use treatment providers to report to Alameda County Probation on the commencement of services by their AB109 clients and subsequent progress in treatment

Client Information		
Probation Officer:		Agency/Program (if applicable):
Client Name:		Provider Contact:
Date of Birth:		Phone number: _____
Date of Referral From ACCESS:	Date of Intake:	Date of First Appointment:

Program Information

Service Frequency:
- ☐ Daily
- ☐ Weekly (Specify days of expected attendance): ☐ M ☐ Tu ☐ W ☐ Th ☐ F
- ☐ Monthly

Type of Services: _____

Client Participation (if treatment has begun)

Attendance:
Client missed appointment(s) on the following day(s): _____

Drug Testing – part of treatment program?	Date(s) of Positive Test (if applicable):
Yes ☐ No ☐	_____ _____ _____ _____ _____ Drugs detected (if applicable): _____ _____ _____

Ancillary Services (if applicable)

Referrals Made to Ancillary Services (check all that apply): Housing ☐ Employment ☐ Benefits ☐ Medical ☐
Dental ☐ Family Support ☐ Legal ☐ Other (describe) _____

Client Progress

Treatment Progress: _____
_____

Discharge (if applicable)

Discharge Date:
Discharge Status (check one):
- ☐ Completion
- ☐ Left before completion w/satisfactory progress
- ☐ Left before completion w/o satisfactory progress
- ☐ Transfer to another program/provider
- ☐ Other (describe) _____

Please FAX this form to the referring Probation Officer at (510) 795-2572 (Hayward) or (510) 268-2429 (Oakland)