SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ANCILLARY INDIVIDUAL ENCOUNTER ENTRY FORM

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

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| Date | Individual  ID # | Service Name | Service  Code | Start  Time | End Time | Elapsed Time in Minutes | Comments  (Note) |
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