



Improving the Quality of Life for Those Served

ATR Recovery Support Services Chart Review Form

Client Name: _____

Service: RMS FRSS ROVS

Provider: _____

Location: _____

Service Dates: _____

Mandatory Forms:	Yes	No	Comments
Intake Assessment-complete			
ROI – signed, dated, appropriate			
Program Rules – signed			
Grievance Policy - signed			
Recovery Plan – complete, signed (RMS & FRSS)			
Recovery Oriented Vocational Plan (ROVS only)			
Progress Notes – completed online			
Progress Note Content – Good; Person-Centered; Matches Recovery Plan			
Referrals to recovery supports, self-help groups			
D/C Form – completed online			
Other Forms Present:			

Notes:

Reviewer: _____

Date: _____