



*Improving the Quality of Life for Those Served*

## Supported Recovery Housing Services (SRHS) Chart Review Form

Client Name: \_\_\_\_\_

Program: ATR or RSP

Provider: \_\_\_\_\_

House: \_\_\_\_\_

Service Dates: \_\_\_\_\_

<b>Mandatory Forms:</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
SRHS Agreement – signed			
ROI – signed, dated, appropriate			
Program Rules – signed			
Other House Rules – present			
Grievance Policy – signed			
Intake Assessment – complete			
Recovery Plan – complete, signed			
Progress Notes – present (1 per week)- online for ATR			
Progress Note Content – Good; Person- Centered; Matches Recovery Plan			
D/C Form – complete, signed online for ATR			
Sign-in/-out Logs Indicate Residence			
<b>Other Forms Present:</b>			
Job Readiness			
Referrals			
ATR Voucher Receipts (if approved)			

**Notes:**

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_