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  | StartTime | End Time | Elapsed Time in Minutes | Comments (Note) |
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