

CJDCP Drug Court Invoice

Attachment 1

Provider Name _____

Period Covered _____

Prepared by _____

MAIL TO: El Dorado County Public Health Dept.
Alcohol & Drug Program
c/o Cherie Mellor - Finance Division
941 Spring Street, Ste. 3
Placerville, CA 95667

SERVICE MODALITY	UOS	BALANCE FORWARD	CURRENT CHARGE	LESS CLIENT PAYMENT	NET AMOUNT	ENDING BALANCE	Note: <u>Case Management is not an allowable service under this grant.</u>
						-	
Assessment	-		-		-		NOTES:
ODF Individual (1 hr., limited to: intake, treatment planning, treatment, discharge planning, & crisis intervention)	-		-		-		
Group Treatment Session (1.5 hrs.)	-		-		-		
Family Counseling/Collateral Visit (1 hr.)	-		-		-		
Drug Testing (per test)	-		-		-		
Residential Treatment: (must have prior county approval)							
Male Day	-		-		-		
Female Day	-		-		-		
Perinatal Day	-		-		-		
Ancillary Servies: (must have prior county approval)							
Incentives	-		-		-		
Transportation	-		-		-		
Education / Tutoring	-		-		-		
Job Training	-		-		-		
Childcare	-		-		-		
Utilities	-		-		-		
Housing	-		-		-		
Health / Dental	-		-		-		
Tattoo Removal	-		-		-		
Other (e.g., clothing)	-		-		-		
TOTALS	-		-	-	-		Executive Director