

# ORIGINAL

## AGREEMENT FOR SERVICES #609-S0711 AMENDMENT I

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This Amendment I to that Agreement for Services #609-S0711, made and entered by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and EDCA Lifeskills, Inc. a California Non-Profit Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 893 Spring Street, Placerville, CA 95667; (hereinafter referred to as "Contractor");

### WITNESSETH

**WHEREAS**, Contractor has been engaged by County to provide therapeutic counseling and substance abuse testing on an "as requested" basis for clients that are referred by the Department of Human Services in accordance with Agreement for Services #609-S0711, dated April 25, 2007, incorporated herein and made by reference a part hereof; and

**WHEREAS**, the parties hereto have mutually agreed to clarify the scope; extend the term and add additional services to said Agreement, hereby amending **ARTICLE I – Scope of Services**, **ARTICLE II – Term**; and **ARTICLE III – Compensation for Services**; and

**WHEREAS**, the parties hereto have mutually agreed to amend **ARTICLE XII – Notice to Parties** and **ARTICLE XXI – Administrator**; and

**WHEREAS**, the parties have mutually agreed to add **ARTICLE XXVI – Mandated Reporter Requirements**, **ARTICLE XXVII – Medi-Cal Screening**; **ARTICLE XXVIII – Conflict of Interest**, **ARTICLE XXIX – Compliance With All Federal, State and Local Laws and Regulations**; **ARTICLE XXX – Access to Records**; and **ARTICLE XXXI – Force Majeure**.

**NOW, THEREFORE**, the parties do hereby agree that Agreement for Services #609-S0711 shall be amended a first time as follows:

## ARTICLE I

**Scope of Services:** Contractor shall provide personnel and services necessary to furnish substance abuse treatment, treatment plans and written reports, outpatient groups, counseling and substance abuse testing, as requested by County. Services shall include, but not be limited to, individual psychotherapeutic counseling services to address and treat social, psychological, chemical addiction, medical and/or other identified problems.

Whenever possible, therapy shall be provided by a Licensed Clinical Social Worker (LCSW) or Marriage and Family Therapist (MFT) licensed by the Board of Behavioral Sciences, or other certified parties, as appropriate. If service is delegated to an intern, the individual must be pre-licensed and all assignments must be under the direct supervision of licensed or certified staff. No intern shall be the sole author of any written initial assessment report, treatment plan report or any other report that pertains to Client or Client's treatment plan. All said documents must be reviewed, approved and signed by a LCSW or MFT as described above.

Services shall be provided during Contractor's normal business hours and days. After hours appointments, if necessary, must be approved beforehand in writing by the caseworker and their supervisor and billed at the normal business rate in accordance with the current State-approved Drug Medi-Cal (DMC) Program Code 20 (Alcohol and Drug Services) reimbursement rates, which can be located under "Current Rate Structure DMC Rates" at the following website <http://www.adp.ca.gov/dmc/dmc.shtml>. For DHS Contractors, any changes to DMC rates by the State shall become effective the first day of the month following the month that the State announces the approval of any change(s), i.e. formal adoption of the State budget.

### *Note:*

1. Prior to the commencement of work for any services explicitly addressed under "Scope of Service" or "Compensation", Contractor shall obtain a written authorization form that has been signed by the appropriate caseworker and supervisor; and.
2. Prior to the commencement of work for any services NOT explicitly addressed under "Scope of Service" or "Compensation" written approval from the DHS Director, Assistant Director or Chief Fiscal Officer must be received before providing services.

Services shall not commence without one of the above signed authorizations. A copy of all written authorizations must be included with any invoices submitted for payment. Failure to do so could delay payment. County shall not pay for any services that have not been pre-approved in writing, "no shows," cancellations, telephone calls, or for the preparation of initial assessment reports and treatment plan reports or bimonthly client progress reports as more fully detailed as follows:

Initial Assessment Report - Within twenty-one calendar (21) days of the client's initial assessment, Contractor shall provide the caseworker, at no charge to County, with a written initial assessment report and treatment plan report of the Client's needs including the type of therapy to be utilized, the recommended number/frequency of sessions and whether or not additional or different services may be required or recommended. Once recommended services have been pre-approved in writing and have been initiated, Contractor must secure prior written approval from the appropriate caseworker, supervisor and program manager before commencing

with Contractor's recommendations or before making any changes to the authorized treatment plan report, including type of therapy and number/frequency of sessions.

Bimonthly Client Progress Reports - No later than (30) days after the end of each second service month, Contractor shall provide the caseworker, at no charge to County, with a brief written progress report outlining the primary issues being addressed with each client, their progress, and ongoing treatment goals (see Revised Exhibit "B", marked "Bimonthly Client Progress Report," incorporated herein and made by reference apart hereof). If an alternate progress report is used, all fields noted on Revised Exhibit "B" are mandatory. Failure to provide said progress report may delay payment for other preauthorized services as said report is a required deliverable.

Court Documents – Upon request, and within the time limit specified by County, Contractor shall provide the caseworker with comprehensive written reports for County's use in court. Contractor shall be compensated for the report at the DMC Program Code 20 (Alcohol and Drug Services) individual counseling session rate with a maximum limit of a two (2) session rates charged per report. The written initial assessment report and treatment plan report are specifically excluded from the court documents reimbursement rate, as these services shall be provided at no charge to County as defined under "Initial Assessment Report," above.

Court Appearances and/or Multidisciplinary Team Meetings - Upon subpoena by County, Contractor shall attend court sessions. Upon request by County, Contractor shall attend multidisciplinary team meetings. County shall only pay Contractor for court appearances when County subpoenas Contractor or for attendance at multidisciplinary team meetings when County specifically requests Contractor's attendance. The definition of multidisciplinary team meetings as it applies to this Agreement excludes any community-based teams in which County considers Contractor or Contractor's staff or assigns to be regular standing members. Contractor shall be paid for these appearances at the DMC Program Code 20 (Alcohol and Drug Services) individual counseling session rate for time actually spent at the pertinent court session or in the meeting. Travel time shall not be included in the reimbursement for these services.

Contractor shall submit written reports within the time limits detailed above to the appropriate caseworker at the address below:

<i>West Slope Contractors Send Reports To:</i>		<i>East Slope Contractors Send Reports To:</i>	
Dept. of Human Services Attn: CPS 3057 Briw Ridge Rd. #A Placerville, CA 95667	Job One OneStop 4535 Missouri Flat Rd. #1A Placerville, CA 95667	Dept. of Human Services Attn: CPS 981 Silver Dollar Ave. South Lake Tahoe, CA 96150	Job One OneStop 981 Silver Dollar Ave. South Lake Tahoe, CA 96150
530/642-7100 (ph) 530/626-7427 (fax)	530/642-4850 (ph) 530/642-5539 (fax)	530/573-3201 (ph) 530/541-2803 (fax)	530/573-4330 (ph) 530/543-6737 (fax)

Reports detailed herein are considered a required deliverable. Services shall be considered incomplete until such date as said reports are received and approved in writing by the appropriate Department of Human Services' caseworker and supervisor or program manager. Compensation for services shall not be provided for incomplete services.

## ARTICLE II

**Term:** This Agreement shall become effective when fully executed by all parties hereto and shall cover the period of April 26, 2007 through April 25, 2010.

## ARTICLE III

**Compensation for Services:** For services provided herein, County agrees to pay Contractor monthly in arrears and within forty-five (45) days following County's receipt and approval of itemized invoice(s) identifying services rendered. Contractor shall submit monthly invoices no later than fifteen (15) days following the end of a "service month." For billing purposes, a "service month" shall be defined as a calendar month during which Contractor provides services in accordance with "Scope of Services." Failure to submit invoices by the 15<sup>th</sup> of the month following the end of a service month may result in a significant delay in payment. An example of an approved invoice containing necessary and pertinent billing information is described in Revised Exhibit "A" marked "Invoice," incorporated herein and made by reference a part hereof.

*Note:*

1. Prior to the commencement of work for any services explicitly addressed under "Scope of Service" or "Compensation", Contractor shall obtain a written authorization form that has been signed by the appropriate caseworker and supervisor; and.
2. Prior to the commencement of work for any services NOT explicitly addressed under "Scope of Service" or "Compensation" written approval from the DHS Director, Assistant Director or Chief Fiscal Officer must be received before providing services.

For the purposes hereof, the billing rate<sup>1</sup> for services specifically listed under ARTICLE I-Scope of Services or ARTICLE III-Compensation and as requested in writing shall be at the current State-approved Drug Medi-Cal (DMC) reimbursement rates for Program Code 20 (Alcohol and Drug Services), which can be located under "Current Rate Structure-DMC Rates" at the following website <http://www.adp.ca.gov/dmc/dmc.shtml> for the following services. For DHS Contractors, any changes to DMC rates by the State shall become effective the first day of the month following the month that the State announces the approval of any change(s), i.e. formal adoption of the State budget.

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<sup>1</sup> **Billing Rate Detail:** A) If it is determined that Client has Medi-Cal or other private insurance that covers the service(s), Contractor shall bill the appropriate insurance carrier first as primary insurance carrier. If Client's insurance covers the service at a rate less than the rate set forth in this Agreement, Contractor shall only bill County for the difference. If Client has no insurance for the service, Contractor shall bill County at the rate set forth in this Agreement. B) For individual therapy sessions, Contractor shall submit a single monthly invoice for each individual, noting the dates of service, the name of each individual treated, the type of treatment (individual therapy), the number of hours of service for each date, and the rate. C) For family therapy sessions, Contractor shall submit a single monthly invoice for each family, noting the dates of service, the names of the family members treated, the type of treatment (family therapy), the number of hours of service for each date, and the rate. D) For group therapy sessions, Contractor shall submit a separate, single monthly invoice for each group therapy participant for whom County has requested service, noting the date(s) of service, the name(s) of the individual(s) treated, the type of treatment (group therapy), the number of hours of service for each date, and the rate.

<b>SERVICE</b>	<b>MAXIMUM RATE</b>
<b><i>Bimonthly Client Progress Reports</i></b>	No Charge
<p align="center"><b><i>Court Appearances</i></b>  <i>Upon subpoena by County and pro-rated for time actually spent at the pertinent court session. Travel time shall not be included in the reimbursement for these services.</i></p>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
<p align="center"><b><i>Court Documents</i></b>  <i>Upon written request by County and with a maximum limit of two (2)-session rates charged per report.</i></p>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
<p align="center"><b><i>ETG 80 Hour Urine Test</i></b>  <i>Detects for the presence of alcohol for up to 80 hours after it is consumed. All tests are sent to lab for results. Test results shall be received from the lab within approximately five (5) days.</i></p>	\$30.00 per test
<p align="center"><b><i>Family Therapy</i></b>  <i>1.5 hrs per session and per family member upon written request by County. "Family therapy" means face-to-face contacts wherein one (1) or more therapists or counselors treat no less than two (2) and no more than twelve (12) family members at the same time, focusing on the needs of the individuals served.</i></p>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Group Counseling UOS Rate
<p align="center"><b><i>Group Counseling</i></b>  <i>1.5 hrs per session and per group therapy participant upon written request by County. "Group counseling" means face-to-face contacts wherein one or more therapists or counselors treat no less than two (2) and no more than twelve (12) group therapy participants at the same time, focusing on the needs of the individuals served.</i></p>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Group Counseling UOS Rate
<p align="center"><b><i>Individual Counseling Session</i></b>  <i>50-60 minutes per session and per individual upon written request by County. "Individual counseling" means face-to-face contacts between a client and a therapist or counselor. Telephone contacts, home visits and hospital visits shall not qualify as reimbursable units of service.</i></p>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate
<p align="center"><b><i>Initial Assessment</i></b>  <i>50-60 minutes per assessment and per individual upon written request by County. Only one (1) assessment per individual allowed. "Initial assessment" means the process of admitting a client into a therapeutic treatment program. Intake includes the evaluation or analysis of the cause or nature of mental, emotional,</i></p>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) Outpatient Drug Free (ODF) Individual Counseling UOS Rate

<i>psychological, behavioral, and/or substance abuse disorders. The diagnosis of substance abuse disorders shall utilize the Diagnostic and Statistical Manual of Mental Disorders Third Edition-Revised or Fourth Edition (or most Current or Revised Edition), published by the American Psychiatric Association. The assessment of treatment needs to provide medically necessary treatment services shall be by a physician licensed to practice medicine in the State of California.</i>	
<b>Initial Assessment Report and Treatment Plan Reports</b> <i>Due within 21 days of client's initial assessment</i>	No Charge
<b>Instant 5 Panel Urine Test</b> <i>On-site test checks for the presence of Amphetamine/Methamphetamine, THC, Cocaine, Opiates and Benzodiazepines. All test results – positive and negative - shall be sent to lab for confirmation at no additional cost.</i>	\$30.00 per test
<b>Instant Alcohol Swab</b> <i>On-site instant alcohol swab to detect whether or not any alcohol is currently present in Client's system. This is a presumptive test and is not legally binding</i>	\$30.00 per test
<b>Instant Oral Saliva Test</b> <i>On-site test checks for the presence of Amphetamine, Methamphetamine, THC, Cocaine, Opiates and PCP. All test results – positive and negative - shall be sent to lab for confirmation at no additional cost</i>	\$30.00 per test or free if done in conjunction with ETG 80 Hour Urine Test.
<b>Multidisciplinary Team Meeting</b> <i>Upon written request by County and for time actually spent in the meeting. The definition of multidisciplinary team meetings as it applies to this Agreement excludes any community-based teams in which County considers Contractor or Contractor's staff or assigns to be regular standing members.</i>	Current Drug Medi-Cal Reimbursement Rate for Program Code 20 (Alcohol and Drug Services) for Outpatient Drug Free (ODF) Individual Counseling UOS Rate
<b>ETG/UA</b> <i>Combination package of ETG 80 Hour Urine Test and Instant 5 Panel Urine Test</i>	\$60.00 per test

County shall not pay for “no shows,” cancellations, telephone calls, or preparation of initial assessment reports or bimonthly client progress reports. Contractor shall immediately and verbally inform the caseworker, at no charge to County, of client appointment no-shows, cancellations, or any other urgent concerns directly affecting the client’s treatment plan.

Contractor shall bill County using the attached sample invoice, or a similar invoice, containing all of the same necessary and pertinent billing information. Contractor shall submit only original invoices accompanied by copies of applicable written authorization(s) for requested service(s)

and approved report(s) for services provided. Photocopied or faxed invoices shall not be accepted. Contractor shall ensure only billing information is included on the invoice. Information related to clients' diagnosis, prognosis or treatment is not permitted on the invoice. Invoices are to be sent accordingly to:

<i>West Slope Contractors Please send invoices to:</i>	<i>East Slope Contractors Please send invoices to:</i>
<p>El Dorado County Department of Human Services Attn: Accounting Unit 3057 Briw Road Placerville, CA 95667</p>	<p>El Dorado County Department of Human Services Attn: Accounting Unit 981 Silver Dollar Avenue South Lake Tahoe, CA 96150</p>

The total of this Agreement shall not exceed \$250,000.00 for the stated term.

**ARTICLE XII**

**Notice to Parties:** All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested. Notices to County shall be addressed as follows:

COUNTY OF EL DORADO  
DEPARTMENT OF HUMAN SERVICES  
3057 BRIW ROAD  
PLACERVILLE, CA 95667  
ATTN: DEANN OSBORN, STAFF SERVICES ANALYST

Or to such other location as County directs with a copy to

COUNTY OF EL DORADO  
CHIEF ADMINISTRATIVE OFFICE  
PROCUREMENT AND CONTRACTS DIVISION  
330 FAIR LANE  
PLACERVILLE, CA 95667

Notices to Contractor shall be addressed as follows:

EDCA LIFESKILLS  
893 SPRING STREET  
PLACERVILLE, CA 95667  
ATTN: DAVID DEL RIO, EXECUTIVE DIRECTOR

Or to such other location as the Contractor directs with a copy to

COUNTY OF EL DORADO

CHIEF ADMINISTRATIVE OFFICE  
PROCUREMENT AND CONTRACTS DIVISION  
330 FAIR LANE  
PLACERVILLE, CA 95667

#### **ARTICLE XXI**

**Administrator:** The County Officer or employee with responsibility for administering this Agreement is DeAnn Osborn, Department of Human Services Staff Services Analyst, or successor.

#### **ARTICLE XXVI**

**Mandated Reporter Requirements:** Contractor acknowledges and agrees to comply with mandated reporter requirements pursuant to the provisions of Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the California Penal Code, also known as The Child Abuse and Neglect Reporting Act.

#### **ARTICLE XXVII**

**Medi-Cal Screening:** Contractor shall screen 100% of referred clients for Medi-Cal eligibility. The screening shall include, but not be limited, to:

1. Verifying that the Medi-Cal beneficiary is eligible to receive Medi-Cal services at the time the client is referred for service; and
2. Verifying El Dorado County as the responsible County; and
3. Assessing for valid full scope aid codes; and
4. Monthly verification of client eligibility during the time the services are provided to the client.

#### **ARTICLE XXVIII**

**Conflict of Interest:** The parties to this Agreement have read and are aware of the provisions of Government Code Section 1090 et seq. and Section 87100 relating to conflict of interest of public officers and employees. Contractor attests that it has no current business or financial relationship with any County employee(s) that would constitute a conflict of interest with provision of services under this contract and shall not enter into any such business or financial relationship with any such employee(s) during the term of this Agreement. County represents that it is unaware of any financial or economic interest of any public officer or employee of Contractor relating to this Agreement. It is further understood and agreed that if such a financial interest does exist at the inception of this Agreement either party may immediately terminate this Agreement by giving written notice as detailed in the Article in the Agreement titled, "Default, Termination and Cancellation".

#### **ARTICLE XXIX**

**Compliance with All Federal, State and Local Laws and Regulations:** Contractor shall



comply with all Federal, State and local laws including, but not limited to, the Americans with Disabilities Act (ADA) of 1990 (42USC12101 et. seq.) and California Government Code Sections 11135-11139.5, and all regulations, requirements, and directives pertinent to its operations. Contractor shall abide by manuals, directives and other guidance issued by the State of California. All appropriate manuals and updates shall be available for review or reference by Contractor from the County Department of Human Services.

Contractor shall further comply with all applicable laws relating to wages and hours of employment and occupational safety and to fire, safety and health and sanitation regulations. Such laws shall include, but not be limited to, the Copeland "Anti-Kickback" Act, the Davis-Bacon Act, the Contract Work Hours and Safety Standards Act, the Clean Air Act and amendments, the Clean Water Act and amendments, and the Federal Water Pollution Control Act.

Contractor further warrants that it has all necessary licenses, permits, notices, approvals, certificates, waivers and exemptions necessary for the provision of services hereunder and required by the laws and regulations of the United States, the State of California, the County of El Dorado, and all other appropriate governmental agencies and shall maintain these throughout the term of the Agreement.

#### **ARTICLE XXX**

**Access to Records:** The Contractor shall provide access to the Federal, State or local Contractor agency, the Controller General of the United States, or any of their duly authorized Federal, State or local representatives to any books, documents, papers, and records of the Contractor which are directly pertinent to this specific Agreement for the purpose of making an audit, examination, excerpts, and transcriptions.

#### **ARTICLE XXXI**

**Force Majeure:** No party shall be in default if performance of any obligation hereunder is rendered impossible or impracticable solely by unforeseen and supervening conditions beyond such party's control, including acts of God, civil commotion, strikes, labor disputes, interruption of transportation, unavoidable accidents, or governmental demands or requirements. If Contractor's full performance is rendered impossible or impracticable, Contractor shall accept as full compensation a proportionate payment for work completed.

Except as herein amended, all other parts and sections of that Agreement #609-S0711 shall remain unchanged and in full force and effect.

**REQUESTING CONTRACT ADMINISTRATOR CONCURRENCE:**

By:  Dated: Sept. 25, 2008  
DeAnn Osborn  
Staff Services Analyst  
Department of Human Services

**REQUESTING DEPARTMENT HEAD CONCURRENCE:**

By:  Dated: 9/25/08  
Doug Nowka  
Director  
Department of Human Services

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IN WITNESS WHEREOF, the parties hereto have executed this first Agreement to that Agreement for Services #609-S0711 on the day and year first below written.

**-- COUNTY OF EL DORADO --**

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Chairman  
Board of Supervisors  
"County"

**ATTEST:**  
Suzanne Allen de Sanchez  
Clerk of the Board of Supervisors


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

Deputy Clerk

**-- CONTRACTOR --**

Dated: 10/13/09

**EDCA LIFESKILLS  
A CALIFORNIA CORPORATION**

By: \_\_\_\_\_  


David Del Rio  
Executive Director  
"Contractor"

By: \_\_\_\_\_

Corporate Secretary

Dated: \_\_\_\_\_

# INVOICE

# REVISED EXHIBIT A

**Important: Only original invoices will be accepted.** To help identify an original invoice, we would prefer that vendors use blue ink. White-out corrections will not be accepted. Please use a separate invoice for each family. If providing family therapy, please list the names of all individuals to whom services were rendered.

Service Month: \_\_\_\_\_ Invoice / Account Number: \_\_\_\_\_ Caseworker: \_\_\_\_\_  
 Business / Owner Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Remit-To Address (if different): \_\_\_\_\_

Does the client/participant have insurance that covers all or a portion of the billed rate?  Yes  No  
 Is there another funding source to pay all or a portion of this service, e.g., insurance, Medi-Cal, EPSDT, CAPIT/CBCAP/PSSF or other grant funding?  Yes  No  
 Was this funding source billed?  Yes  No

1 Service Date	2 Client/Participant Name (Service Provided to)	3 Type of Service	4 Number of Hours or Sessions	5 Agreement Rate	6 Rate Billed to Insurance	7 Difference between Columns 5 and 6	8 Total Billed to El Dorado County DHS (Column 4 x 7)
<b>INVOICE TOTAL *</b>							

Service(s) provided by \_\_\_\_\_  Licensed  Intern  
 I certify that the information on this page is true and correct to the best of my knowledge.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>West Slope Vendors Send Invoices To:</b> El Dorado County Dept. of Human Services Accounting Unit 3057 Briw Road Placerville, CA 95667	<b>East Slope Vendors Send Invoices To:</b> El Dorado County Dept. of Human Services Accounting Unit 971 Silver Dollar Avenue South Lake Tahoe, CA 96150
<b>*FOR VENDOR USE ONLY:</b> Beginning contract balance:	Total cost billed this invoice:
Amount remaining on contract:	Total cost billed year-to-date:

**FOR COUNTY USE ONLY: Program Expense Authorization**

Case Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ EA End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Approvals:**

Social Worker By: \_\_\_\_\_

Supervisor By: \_\_\_\_\_

Program Mgr By: \_\_\_\_\_

Director By: \_\_\_\_\_

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



# REVISED EXHIBIT B

## El Dorado County Dept. of Human Services-Social Services Division Bimonthly Client Progress Report

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Social Worker and/or Employment & Training Worker's Name: \_\_\_\_\_

**Dates of sessions since last report (please indicate no shows by writing "N/A" next to the date):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment, goals and treatment plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Progress since last report:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete a progress report on each client referred by the El Dorado County Department of Human Services-Social Services Division on a bimonthly basis and send the report to the appropriate office listed below:

<b><i>West Slope Contractors Send Reports To:</i></b>		<b><i>East Slope Contractors Send Reports To:</i></b>	
Dept. of Human Services Attn: CPS 3057 Briw Ridge Rd. #A Placerville, CA 95667	Job One OneStop 4535 Missouri Flat Rd. #1A Placerville, CA 95667	Dept. of Human Services Attn: CPS 981 Silver Dollar Ave. South Lake Tahoe, CA 96150	Job One OneStop 981 Silver Dollar Ave. South Lake Tahoe, CA 96150
530/642-7100 (ph) 530/626-7427 (fax)	530/642-4850 (ph) 530/642-5539 (fax)	530/573-3201 (ph) 530/541-2803 (fax)	530/573-4330 (ph) 530/543-6737 (fax)

Provider's Signature \_\_\_\_\_

Date \_\_\_\_\_