

**Dane County Department of Human Services
AODA Monthly Client Services Report (DHS 610)**

Provider Name: _____ Address: _____ Prepared By: _____ Telephone: _____ Unit Type: <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Staff Hours	Month ____ Year ____ Program Number _____ SPC _____ Sub Program ____ Old Census _____ + Openings _____ - Closings _____ = New Census _____ Grand Total Units (All Pages): _____
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O P	C P	Client Name (Last, First, M.I.) (Please Print)	Client Number	Units	Target Group	Client Characteristics	Diagnosis	Start Date	Close Date	Close Reason	CLOSING STATUS				
											A	F	E	Living Sit.	# Arrests
1						/ /		/ /	/ /						
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
				Total Units											