

Northeast Wisconsin Veterans Treatment Court <u>Time Management Log</u>

The NEWVTC requires you to have documented proof of all required structured activity every week. This form summarizes the appointments you attend each week as well as the total number of hours of services you participated in. You are required to complete this form each week and attach supportive documentation to this form for <u>any</u> employment, school and/or community service.

VETERAN NAME: _____

REPORT PERIOD OF: (Fri)_____ to (Thurs) _____

TREATMENT SERVICES									
Date:	Appointment Type (Group, Individual, Psychiatrist):		Appt. Appt. Start Time End Time		e Locati	Location		Provider Name/Signature	
SUPERVISION/CASE MANAGEMENT SESSION									
Date:	Appointment Type (Office, Home, Work):		Appt.Appt.Start TimeEnd Time		e				Total Time (In Hours)
TOTAL HOURS COMPLETED:									
ABSTINENCE MONITORING:									
Drug/Alcohol TestingEnter Date unde drug/alcohol tes								Out of County Travel to test at Lock and Load?	Total # of Tests Per Week
	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	(Yes or No)	
Dates:									
SUPPORT SERVICES:									
Date:	Appointment Type (Support Groups, Mentor, Community Service):		Appt. Start Time	Appt. End Tim	e I	Location		Provider Name/Signature	