COUNCIL ON CHEMICAL ABUSE TRANSITIONAL HOUSE OCCUPANCY REPORT

10101	DATE	DATE	LENGTH OF STAY IN	u
_	gram: nth/Year:			
Prov	vider:			

CLIENT NAME	DATE FROM	DATE TO	LENGTH OF STAY IN PROGRAM	UNITS SERVED	FEES COLLECTED
	+				
	+				
	+				
	1	_1			
			TOTAL	0	\$0.00

Number of Admissions for	
Reporting Month	
Number of Discharges for	
Reporting Month	