

**TAPNET MONTHLY ATTENDANCE RECORD****PRINTED NAME:** \_\_\_\_\_

90/90 start date (if applicable) \_\_\_\_\_

**Month/ Year:** \_\_\_\_\_**Case Manager** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

Complete this form and mail the original to TAPNET at the address below by the 10<sup>th</sup> of each following month along with your TAPNET SELF REPORT. Please make a copy for your records.

No	DATE: MM/DD/YY	TIME: Time of meeting	NAME: write name of 12 step group; aftercare; psychiatrist; therapist/ counselor; or other	TYPE: fill in NA or AA; Med check; therapy-aftercare	SIGNATURE: Facilitator of session sign here
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**Participant (Print)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer Comments:**