

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 10th 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: