

DIVERSION PROGRAM
PARTICIPANT'S CHECKLIST FOR COMPLIANCE

ENTER FREQUENCY OF REPORTS AND DATE SUBMITTED TO DP. IT IS REQUIRED THAT ALL REPORTS BE RECEIVED IN DP OFFICE BEFORE THE END OF EACH MONTH REQUIRED. SUGGEST REPORTS BE SUBMITTED BY 15TH OF EACH MONTH DUE

INITIAL CONTRACT: DATE SIGNED: _____ DATE SUBMITTED TO THE D.P.: _____
(MUST BE SIGNED BY ALL SUPPORT PERSONNEL AND SUBMITTED WITHIN TWO (2) WEEKS)

TYPE OF REPORT	FREQUENCY OF REPORTS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
MONTHLY SELF REPORTS:													
MONTHLY 12-STEP ATTENDANCE FORMS WITH SPONSOR SIGNATURE													
COUNSELOR/THERAPIST REPORTS: (Every other month or as required)													
SUPERVISOR REPORTS; (Every other month or as required)													
RESULTS OF DRUG SCREENS SUBMITTED: (Monthly or as required)													
ATTENDANCE AT MANDATORY COMMITTEE MEETINGS: (As required)													
SIGNED COMMITTEE MEETING CONTRACT AMENDMENTS SUBMITTED: (Within 2 weeks)													
QUARTERLY LETTER FROM PRESCRIBER FOR <u>ALL</u> CURRENT PRESCRIPTIONS													
IMMEDIATE WRITTEN NOTIFICATION BY PARTICIPANT OF PRESCRIBED MEDICATIONS:													
LETTER FROM PRIMARY CAREGIVER WITHIN TEN DAYS FOR ANY PRESCRIPTIONS:													

THE DP RECOMMENDS THAT PARTICIPANT INDICATE NURSING LICENSE NUMBER ON ALL REPORTS AND KEEP COPIES OF ALL PAPERWORK SUBMITTED.