

90-120 APPENDIX E. FORM 11-91 HHSA

SUBSTANCE ABUSE SERVICES NON-COMPLIANCE FORM

FAMILY RESOURCE CENTER OFFICE _____ DATE _____

CLIENT'S NAME _____ SSN # _____

CASE NUMBER _____

DATE OF NON-COMPLIANCE _____	WILLFUL FAILURE	TREATMENT COUNSELOR _____
<u>BEHAVIOR:</u>		
<u>EXPLANATION OFFERED:</u>		
<u>COUNTY ACTION:</u>		

DATE OF NON-COMPLIANCE _____	1ST NEGLIGENT FAILURE	TREATMENT COUNSELOR _____
<u>BEHAVIOR:</u>		
<u>EXPLANATION OFFERED:</u>		
<u>COUNTY ACTION:</u>		

DATE OF NON-COMPLIANCE _____	2ND NEGLIGENT FAILURE	TREATMENT COUNSELOR _____
<u>BEHAVIOR:</u>		
<u>EXPLANATION OFFERED:</u>		
<u>COUNTY ACTION:</u>		

DATE OF NON-COMPLIANCE _____	3RD NEGLIGENT FAILURE	TREATMENT COUNSELOR _____
<u>BEHAVIOR:</u>		
<u>EXPLANATION OFFERED:</u>		
<u>COUNTY ACTION:</u>		

Regional Recovery Center – Please check appropriate RRC below:

<input type="checkbox"/> Mental Health Systems (MHS) – Central 3340 Kemper Street, Suite 105 San Diego, CA 92110	<input type="checkbox"/> Mental Health Systems (MHS) – North Inland 200 East Washington Avenue Escondido, CA 92025	<input type="checkbox"/> MITE – North Coastal 2821 Oceanside Boulevard Oceanside, CA 92054
<input type="checkbox"/> Mental Health Systems (MHS) – Central East 6244 El Cajon Boulevard, Suite 15 San Diego, CA 92115	<input type="checkbox"/> MITE – East County 1365 N. Johnson Avenue #111 El Cajon, CA 92020	<input type="checkbox"/> MITE – South Bay 1180 Third Avenue #3 Chula Vista, CA 91911