

**RENTAL ASSISTANCE PERMANENT SUPPORTIVE HOUSING SERVICE MATCH**

Date: \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Documented Service Match	Increment	Unit	Average Rate	Actual Rate	Total
Addictions/Detox	(Day)				
Adult Psychiatric Hospital	(Day)				
AIDS Related Services	(Month)				
Alcohol Abuse Education/Prevention	(Hour)				
Case Management	(Hour)				
Dr. Visits	(Visit)				
Brief Behavioral Health Status Exam	(Hour)				
Mental Health Treatment Plan	(Hour)				
Mental Health Treatment Plan Review	(Hour)				
Individual Therapy	(Hour)				
Injection Clinic	(Shot)				
Job Training	(Hour)				
Life Skills Education	(Hour)				
Mental Health Evaluation	(Hour)				
Medication Review	(15 Mins.)				
Outreach Programs	(Hour)				
Representative Payee Services	(Month)				
Substance Abuse Services	(Hour)				
Therapy (DIALYSIS)	(Day)				
Biopsychosocial Assessment	(Hour)				
Other:					
<b>TOTAL:</b>					

**Case Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_