Weekly Therapeutic Leave

ATTENDANCE & NOTIFICATION FORM

Name of Home:	Month:
A therapeutic leave day is defined as an absence from the or friend, including absence due to vacation when the ind the residential site, and, is, therefore, not receiving service	ividual is not accompanied by a staff person from
Based on the definition of a day unit, the first day of absence for a therapeutic leave is defined as 12 to 24 hours of continuous absence within a 24 hour period between 12:00 AM and 11:59 PM when the individual is not accompanied by or receiving services from the residential provider.	
Forms must be given to Sheila on a weekly basis	s no later than Monday at 2:00 PM.
Please indicate the consumer's name, the reason and da therapeutic leave:	te(s) of the leave and the specific duration of the
Supervisor's Signature:	Date:
Program Spec. Signature:	Date:
Fiscal Department Signature:	Date: