



Specialized Crisis Counseling Services
RLC Indirect Service Log

Provider Number

Provider Name _____

Employee Number

Employee Name _____

Recipient Number
 (Individual Contact Only)

Zip Code of Service _____ Week Beginning: ___/___/___

Number of Services Units (1 Unit = 15 minutes)								
Day	SUN	MON	TUES	WED	THURS	FRI	SAT	Total
Date								
Child Care								
Education								
Employment								
Financial Assistance								
Housing								
Leisure / Recreation								
Mental health								
Physical health								
Social Support								
Substance use								
Transportation								
Other_____								
Other_____								
Totals								

*Specialized Crisis Counselors must first screen and make referrals for these services.

Reviewed by: _____ Signature: _____ Date: _____