Prob. Form 45 Today's Date: 5/20/10

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identifying Information

Client: Tide, Roll PACTS #: 2501 Address: 954 Buffalo Cr Pretrial/Post Pretrial

San Antonio TX 78229 Conviction:

 Officer:
 Brink, Debra
 Client Phone:
 210-854-2121

 Officer Phone:
 210-301-6324
 DOB:
 08/08/1976

Photo Not Available

Initial

Provider Information

Provider: ABC Treatment Procurement No: 0311-2009-RNJJ

Provider Location: ABC-Downtown Effective Date: 04/21/2009

Attn: Carol Williams Termination Date:

Location Address: 211 Constitution Avenue

Washington DC 2000

Phone: 202-555-5555 Fax: 202-666-6666

Authorized Services

Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copay Amount (per unit)
2010	Individual Substance Abuse Counseling		1.0	Weekly	\$0.00
2020	Group Substance Abuse Counseling		2.0	Monthly	\$0.00

Instructions to Provider Regarding Client Needs and Goals of Treatment							
Officer: Brink, Debra	Referral Agent:	Client: Tide, Roll					