

Attachment KK Aftercare Client Management Spreadsheet							
Client Last Name	Client First Name	DOC / SID Number	Facility Program Completed	Cycle	Race	Drug of Choice	2nd Drug of Choice

IV Drug User?	Date of Birth	Current Date	Age	Status	Referral Date	Ineligible date	Active date

Removal date	Removal Comment	# Client Days	Date Checked in OCMS	Address in OCMS

Family Address	Institution location	Current Location	Pending Release Date	Actual Release Date	Referrals Made	Referral Details/Explanation	Parole Officer

Aftercare Provider	Contacted Aftercare Provider	Relapse (y/n)	Decript. Of New Charge	Date of New Charge