



Acadiana Community Based Services, Inc.  
412 W. University, Suite 105  
Lafayette, LA 70506

**Client contact sheet**

CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: Start: \_\_\_\_\_

In-Home \_\_\_

Out-of-Home \_\_\_

Office \_\_\_

End: \_\_\_\_\_

\_\_\_ Face-to-Face

\_\_\_ Phone Contact

\_\_\_ Training

SUMMARY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOLLOW-UP/RECOMMENDATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Mode of life and living situation presents no unacceptable risks to client's health and safety.
- Living environment is maintained in a clean/safe condition.

NAME/TITLE

AGENCY

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____