Franklin County Children Services

Service Activity Log

Rev 03/30/2011

Client Name: _____ Date of Referral: _____ Date Due: _____

ID#:_____ SACWIS ID #: _____ Who Send to/Case Manager: _____

Date of Service	Start Time	Stop Time	Length	Type of Service	Rate/ Unit	Units	Total Charge	Comments

Type of Service:

DA=Diagnostic Assessment (135) RW=Report Writing (50) CT=Court Testimony (90) CO=Clinical Observation (135)
FU=Follow-Up Assessment (135) Cor=Correspondence (50) PH=Phone Consultation (65) M=Missed Appointment (50)
Cld=Cancelled Appointment (50) RE=Rapid Evaluation Fee (250) PAC=Post-Assessment Client Consult (90)