

**PROBATION and PAROLE
MONTHLY APPROVED TREATMENT REFERRALS LEDGER**

MONTH _____

REGION _____

OFFICE _____ LOCATION _____ TEAM SUPERVISOR _____

Indigent Parolee Other

Vendor / Provider _____ Address _____

City _____ Phone _____

	OFFENDER NAME	ODOC#	REFERRAL DATE	APPOINTMENT DATE	TYPE OF SERVICE	VOUCHER #	ESTIMATED COST
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Administrator of Community Corrections /DESIGNEE
SIGNATURE _____

DATE _____