

# NORTHERN LAKES COMMUNITY MENTAL HEALTH

## INDIVIDUALIZED AND GROUP OUTINGS

NL Code - H2015

Month \_\_\_\_\_ Year \_\_\_\_\_ FACILITY: \_\_\_\_\_

CONSUMER -	HOURS		HOURS		HOURS		HOURS	
	I	G	I	G	I	G	I	G
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
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21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
<b>TOTALS</b>	0	0	0	0	0	0	0	0

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

Submit monthly by the 8th of the month to Northern Lakes CMH - CIS Dept.