

**Santa Clara Valley Health and Hospital System
Department of Alcohol & Drug Services
Quality Improvement Division
Vocational Status Report**

Client: _____ **Unicare#:** _____ **Date:** _____

Counselor: _____ **Program:** _____

Phone No.: _____ **Fax No.:** _____

Date of Scheduled Orientation: _____

- Attended by client** _____
- Not attended by client** _____
- Client has been rescheduled for** _____
- Other** _____

Date of Scheduled Job Club (32 hours): _____

- Attended by client** _____
- Not attended by client** _____
- Client has been rescheduled for** _____
- Other** _____

Date of Scheduled Networking (3weeks): _____

- Attended by client** _____
- Not attended by client** _____
- Client has been rescheduled for** _____
- Last date attended:** _____
- Client has received a two week extention** _____
- Other** _____

Outcome information:

- Client Completed** _____
- Client did not complete** _____
- Total number of hours client completed:** _____
- Client was terminated:** _____
- Last date attended:** _____
- Other:** _____

If you have questions regarding this fax, please contact:

QI Vocational Coordinator
976 Lenzen Ave., 3rd Floor
Phone:(408) 792-5670 Fax: (408) 947-8707