



## Reauthorization Adult Residential Progress Summary

\*\*\* Submitted with Adult Residential Authorization Form for reauthorization

<b>Client Name</b>	<b>DOB</b>	<b>MH#</b>
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### Service Type/Program

	Residential Program	Crisis Residential
	CAMINAR EUCALYPTUS HOUSE 412900	SERENITY HOUSE CRISIS RES 41E400
	CAMINAR HAWTHORNE HOUSE 415600	CAMINAR REDWOOD HOUSE CRISIS RES 418400
	MATEO LODGE WALLY'S 419900	

### Client Treatment Progress

### Rationale for Extension

### Transition Plan

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**Adult Residential Staff**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adult Residential Supervisor**

\_\_\_\_\_  
**Date**