EVIDENCE OF PROGRAM CONSULTANT

THIS FORM IS DESIGNED FOR USE BY GROUP HOMES.

Group Homes which serve the mentally disordered or developmentally disabled shall make provisions for employment of, or regular consultation from a psychiatrist, clinical psychologist, psychiatric nurse, licensed clinical social worker, psychiatric technician, or other mental health professional for assistance in planning, implementing and reviewing the program of services. Evidence of such employment or consultation and a copy of this form shall be maintained in the facility file.

FACILITY NAME	FACILITY NUMBER
ADDRESS	TELEPHONE NUMBER ( )

NAME OF PROGRAM CONSULTANT

ADDRESS	TELEPHONE ( )

TRAINING (DEGREE AND/OR LICENSE)

SERVICES PROVIDED (I.E., PROGRAM CONSULTATION, STAFF TRAINING, ADMISSION SCREENING, ETC.)

HOURS OF CONSULTATION PER MONTH

DURATION OF CONTRACT

I declare under penalty of perjury that the statements on this form are correct to the best of my knowledge.

DATE

SIGNATURE OF PROGRAM CONSULTANT

DATE

SIGNATURE OF LICENSEE