

WEEKLY CLIENT CHECK LIST

Week of: _____ 01/06/19 – 01/12/19 _____

GFG Provider Name: _____ Your Name _____

Check only if client seen this week	Client Name <small>(Print the full name of each active client)</small>	Cyber #	Please provide explanation if client not seen this week
✓	Bart Simpson	763542	
☐	Lisa Simpson	763543	Youth was sick – rescheduled
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