



# QUARTERLY SPONSOR REPORT

## AA/NA/CADUCEUS SUPPORT GROUP

HPRP Licensee Name: \_\_\_\_\_ HPRP Case Manager: \_\_\_\_\_

Case Number: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(First Name and Last Initial)*

Report for the period from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Step(s) worked on during this quarter:

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General Progress:  Excellent  Good  Fair  Poor

Frequency of contact: \_\_\_\_\_ times per week *(enter total number of contacts)*

Contact breakdown: \_\_\_\_\_ Phone \_\_\_\_\_ Face to Face \_\_\_\_\_ Letter

Comments regarding participant's progress:

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Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(First Name and Last Initial)*

P.O. Box 842 · Troy, Michigan 48099-0842 · (800) 453-3784 · Fax: (248) 519-0373