



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:

General Progress: D Excellent D Good D Fair D Poor

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

Contact breakdown: _____ Phone _____ Face to Face _____ Letter

Comments regarding participant's progress:

Sponsor Signature: _____ Date: ____/____/____
(First Name and Last Initial)

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