Documentation of Provider Absence and Coverage of Care Plan

Client:		#:	
Provider name:			
Service provided:			
BHP	TCM		
TCS	Other:		
Dates of absence:			
Was this a planned leave of a			
List names of team members			
Name of covering provider:			
Contact number: Did this provider agree to pro YES Explain service type NO Explain the limitations	ovide all of your and frequency:	planned services in you	ur absence?
Was a Crisis Plan with conta			
Will you be available by phor Comments:	ne? No	Yes, contact num	ber:
Provider signature and crede	ntials:		Date:

Supervisor signature and credentials: _____ Date: _____