



**TERM GROUP THERAPY PROGRESS REPORT FACE SHEET**

Date: \_\_\_\_\_

**CASE INFORMATION**

\*Information is needed to process authorization for report submission

Client Name:		DOB:	
PSW Name:		CFWB Case #:	
Provider Name:		Provider Phone:	
Group Type (Please select one):	Child Abuse Group	DV Offending Parent Group	Sexual Abuse Offending Parent Group
Progress Report Type (Please select one):	Intake	Update	Discharge Summary

Please fax group report along with this face sheet to:

**To**

Name Optum TERM

Fax 1-877-624-8376

Phone 1-877-824-8376

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