

FACILITY NAME:					PROVIDER #:		
A-6 – WEEKLY ACTIVITIES SCHEDULE (must be completed by all applicants)							
WEEKLY SCHEDULE OF ALCOHOL AND/OR DRUG RECOVERY TREATMENT SERVICES Use abbreviations of treatment services in the space provided.							
Groups Sessions (GS) Individual Sessions (IS) Educational Sessions (ES)				Treatment Planning (TP) Recovery Planning (RP)			
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 am							
7-8 am							
8-9 am							
9-10 am							
10-11 am							
11am-12pm							
12-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm							
5-6 pm							
6-7 pm							
7-8 pm							
8-9 pm							
Daily Total Hours							
Total hours per week of services provided							