**NOTICE OF FAMILY ACTION PROGRAM COMPLETION**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOU ARE HEREBY NOTIFIED THAT THE ABOVE NAMED INDIVIDUAL HAS SUCCESSFULLY COMPLETED THE FAMILY ACTION PROGRAM FOR THE FOLLOWING REASONS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY ACTION COUNSELOR/CASE MANAGER

ORIGINAL TO REFERRAL SOURCE

COPY TO YOUTH/PARENT

COPY TO FILE

Rev. 12/12, 1/16, 2/22 , 1/24 F-PR-1313