State of Oklahoma
Department of Human Services

Community-Based Residential Care (CBRC) Leave Tracking

Child	Date of admission	Agency

Placement year _____ to _____

Specialized community home (SCH)

Date left	Date returned	Type of leave	Total number of days	Number of days paid	Number of days not paid	Approved

Total AWOL allotted: 5 Total AWOL used: _____ Total AWOL claimed: _____
Total leave allotted: 10 Total leave used: _____ Total leave claimed: _____
Total hospital allotted: 10 Total hospital used: _____ Total hospital claimed: _____

Monthly liaison signature	Date

Child	Date of admission	Agency

Placement year _____ to _____

Level B and residential maternity services

Date left	Date returned	Type of leave	Total number of days	Number of days paid	Number of days not paid	Approved

Total AWOL allotted: 5 Total AWOL used: _____ Total AWOL claimed: _____
Total leave allotted: 10 Total leave used: _____ Total leave claimed: _____

Monthly liaison signature	Date

Child	Date of admission	Agency

Placement year _____ to _____

Level C

Date left	Date returned	Type of leave	Total number of days	Number of days paid	Number of days not paid	Approved

Total AWOL allotted: 5 Total AWOL used: _____ Total AWOL claimed: _____
Total leave allotted: 28 Total leave used: _____ Total leave claimed: _____

Monthly liaison signature	Date

Child	Date of admission	Agency

Placement year _____ to _____

Level D

Date left	Date returned	Type of leave	Total number of days	Number of days paid	Number of days not paid	Approved

Total AWOL allotted: 20 Total AWOL used: _____ Total AWOL claimed: _____
Total leave allotted: 28 Total leave used: _____ Total leave claimed: _____

Monthly liaison signature	Date

Child	Date of admission	Agency

Placement year _____ to _____

Level D+ and Level E

Date left	Date returned	Type of leave	Total number of days	Number of days paid	Number of days not paid	Approved

Total AWOL allotted: _____ Total AWOL used: _____ Total AWOL claimed: _____
Total leave allotted: 28 Total leave used: _____ Total leave claimed: _____

Monthly liaison signature	Date