

**COUNSELING REPORT  
HOMEOWNER MAINTENANCE/LIFE SKILLS EDUCATION**

**CLIENT INFORMATION:**

Name: \_\_\_\_\_

Rehab Case # \_\_\_\_\_

Address \_\_\_\_\_

Telephone #1: \_\_\_\_\_

Telephone #2: \_\_\_\_\_

**COUNSELING SESSION(S):**

INITIAL \_\_\_\_\_ FOLLOW-UP # \_\_\_\_\_ FINAL \_\_\_\_\_

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

STARTING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

**TOPIC(S) OF DISCUSSION (i.e., Home Maintenance, Budget Counseling, etc):**

**DESCRIPTON OF DISCUSSION:**

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counselor and Company Name

\_\_\_\_\_  
Date