Parent-Child Assistance Program (PCAP)
UNIVERSITY OF WASHINGTON ADDICTIONS, DRUG & ALCOHOL
INSTITUTE SEATTLE, WASHINGTON (206) 543-7155
http://pcap.psychiatry.uw.edu

PCAP Client Name: _____

Enrollment Date: _____/_____/_____

Case Manager Name_____

PCAP Client Flex Fund Log

(Yearly Flex Fund Amount $50)

	FISCAL YEAR: _____-_____		
DATE	ITEM	COST	TOTAL