

CIN Number:	OBWP:
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## Doctor's Appointment Log

Doctor's Appointments for the month of: \_\_\_\_\_

Participant's Name: Please Print	Last 4 of SSN:
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**\*\* Form is to be signed by the doctor or medical staff \*\***

Date:	Physician's Name: Please Print	Physician's Signature:

If no doctor appointments for the month, explain what you have done to improve your health.

Have you applied for Social Security Benefits?

No;  Yes – If yes, what is your current Application Date and Status?

Application Date	Status
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**Submit Doctor's Appointment Log by the 20<sup>th</sup> of each month to the caseworker listed here:**

Caseworker Name:	Fax:	Email:
Address:		

**My signature below indicates that I understand that this form must be turned in by the 20<sup>th</sup> of each month or my OWF/TANF may be SANCTIONED or TERMINATED.**

Participant's Signature:	Date:
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