



State of Utah
Department of Workforce Services
ARC/GLA MONTHLY ACTIVITY REPORT

ARC/GLA FACILITY: _____ MONTH: _____

This report is to be completed by the Addiction Recovery Center (ARC) or Group Living Arrangement (GLA) and submitted to the Department of Workforce Services by email at *arcapp@utah.gov* or by fax at 801-526-9856 or 1-877-536-7161 by the 10th of each month.

This form serves as a monthly list of participating residents. Facilities are required to return unused benefits to residents at departure.

| Customer Name | Case Number | Date Entered Facility | Date Left Facility | Benefits Refunded? Amount? | Date Horizon Card Deactivated | Comments |
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I certify that the information provided on this report is true and correct to the best of my knowledge.

ARC/GLA Official _____ Title _____ Date _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.