# TCM Plus Bi-annual Report

FY20XX

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| --- | --- | --- | --- | --- | --- | --- |
| Provider Name: | | |  | | | |
| Reporting Period: | | |  | | | |
| Report Date: | | |  | | | |
| Youth Name | Enrollment Date | Living Situation at Enrollment | | Living Situation at Discharge | Was the discharge successful  (i.e., goals met)? | Was a higher intensity of service or level of care required? |
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Please email completed form to Candice Adams – Candice.adams@maryland.gov

*Reports are due December 31st and June 30th*