



**Kansas Department of Health and Environment**  
Bureau of Community Health Systems

Kansas Statewide Farmworker Health Program and TB Coverage  
Encounter log

Access Point Agency \_\_\_\_\_

Date	Client Name	Voucher Number	Services Provided	Provider (If By Referral)

PLEASE DOCUMENT EACH PATIENT VISIT BY COMPLETING THIS FORM.  
SEND MONTHLY TO REGIONAL CASE MANAGER.