GPRA 6 Month Follow Up Reminder Report

[Insert Provider Agency Name]

[Insert Today's Date]

Dear Provider:

The following is a list of ATR III clients who are approaching their GPRA 6 Month Follow Up window. Please review the list and schedule your GPRA 6 Month Follow Up Interviews as necessary.

Client ID	Client Name	GPRA Intake Interview Date	Start Date GPRA 6 Month Follow Up Window	Due Date GPRA 6 Month Follow Up Interview	GPRA not accepted after this date
123456	Client, Sample	12/20/10	05/20/11	06/20/11	08/20/11
654321	Client, Test	01/03/11	06/03/11	07/03/11	09/03/11
546213	Client, BPA	01/07/11	06/07/11	07/07/11	09/07/11

SAMPLE