**TB INCENTIVE /ENABLER SERVICE**
**VOUCHER WORKSHEET**

**Bureau of TB and Refugee Health**
**A.G. Holley State TB Hospital**

**MONTH:** _____ **YEAR:** _____

**COUNTY:** _____

**TYPE OF VOUCHER:**

_____

| Date | Patient Name | Status* | Homeless? (Y/N) | DOT/DOPT? (Y/N) | # of Vouchers | Voucher Serial #'s |
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***Status:** "2" = High-Risk Reactor/Contact; "3" = TB Case; "5" = TB Suspect

**Note:** Please submit this completed worksheet to your TB Program Manager/Area TB Coordinator when individual supplies are exhausted.

**Submitted by:** _____ **Title:** _____ **Date:** _____