

**Submit this document to:**  
**VCCB**  
**Department of Administration**  
**PO Box 110230**  
**Juneau, Alaska 99811-0230**  
**Facsimile – 907-465-3040**

**STATE OF ALASKA**

**VCCB TREATMENT REPORT: FORM IV**

Please use this form if you are seeking approval for treatment beyond the awarded 26 sessions. Please note an additional award will only be made in extraordinary circumstances and requires a request from the claimant.

Victim's Name

\_\_\_\_\_

VCCB Claim Number

\_\_\_\_\_

Client's Name (if different then the victim's)

\_\_\_\_\_

Date treatment began

\_\_\_\_\_

Clinician's Name and Provider Number

\_\_\_\_\_

Number of sessions to date

\_\_\_\_\_

Clinician's Address

\_\_\_\_\_

Clinician's Phone Number

\_\_\_\_\_

**Please review the VCCB guideline on Initial Response, Assessment and Documentation Procedures and provide answers to the questions listed below. You may copy and complete this form, or send a narrative report that contains all of the points listed below.**

1) What were the diagnoses at treatment onset?

Axis I:

\_\_\_\_\_

Axis II:

\_\_\_\_\_

Axis III:

\_\_\_\_\_

Axis IV:

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Axis V/Current GAF:

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Highest GAF past year:

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2) What are the current diagnoses (if different than those listed above)?

Axis I:

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Axis II:

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Axis III:

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Axis IV:

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Axis V/Current GAF:

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Highest GAF past year:

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3) Request for additional sessions (**Complete both sections in either A, B, or C, whichever is applicable**)

A. Substantial progress toward treatment goals has been made.  
Explain:

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