

**West Slope Casa  
DACODS Correction Form**

Program Name \_\_\_\_\_ License # \_\_\_\_\_

Clinician requesting change \_\_\_\_\_ Date \_\_\_\_\_

Clinician phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Type of report (circle one) Admit  
Discharge  
Detox

Client Name \_\_\_\_\_ Admit Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Client DOB \_\_\_\_\_

Modality# \_\_\_\_\_

Item # to be changed \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

Item # to be changed \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

Send a complete copy of the DACODS to be changed and one of these forms to Paul Hann, CHN, 7150 Campus Dr. #300, Colorado Springs CO 80920.