

Wraparound Milwaukee Family Support Services Verification Log <small>**USE OF THIS LOG FOR FAMILY SUPPORT SERVICES ONLY**</small>	Enrollee/Client Name: _____ ID # (if applicable per the agency): _____	Service Month/Year: _____
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Agency Name: _____	Service Code (check one) : <input type="checkbox"/> 5521/H2021 Tutoring <input type="checkbox"/> 5524/H2021 Mentoring <input type="checkbox"/> 5522/S5110 Parent Assistance <input type="checkbox"/> Other (Identify service code and name of service): _____
Provider Name: _____	

Session Date	Service Recipient / Relationship to Enrollee (if applicable)	Actual Session (face-to-face) Time (must indicate a.m. or p.m.)	Signature of Service Recipient	Date Service Recipient Signed	Relationship to Service Recipient (Indicate relationship if it's not the enrollee/ client that has signed)						
SAMPLE 03/04/2014	John Smith	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Session Start Time</td> <td style="text-align: center;">Session End Time</td> </tr> <tr> <td style="text-align: center;">10:06a.m.</td> <td style="text-align: center;">11:42a.m.</td> </tr> <tr> <td colspan="2" style="text-align: center;">Total Units: 1.6</td> </tr> </table>	Session Start Time	Session End Time	10:06a.m.	11:42a.m.	Total Units: 1.6		<i>John Smith</i>	Today's Date: 03/04/14	<i>Self</i>
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1-6 minutes = 0.1 units 25-30 minutes = 0.5 units 49-54 minutes = 0.9 units
 7-12 minutes = 0.2 units 31-36 minutes = 0.6 units 55- 60 minutes = 1.0 units
 13- 18 minutes = 0.3 units 37-42 minutes = 0.7 units
 19-24 minutes = 0.4 units 43-48 minutes = 0.8 units

NOTE: Having the service recipient pre-sign the Log is fraudulent behavior and may be grounds for termination from any/all County Provider Networks & may prohibit any future contractual arrangements with the County.