

Children's Community Mental Health Services and Wraparound
 Milwaukee: Family Support Services Verification Log
 USE OF THIS LOG FOR FAMILY SUPPORT SERVICES ONLY

Enrollee/Client Name:

Service Month/Year:

ID # (if applicable per the agency):

Agency Name:

Service Code (check one):

5524a Mentoring 5521a/5568a Tutoring/Academic Support
 5522b/H2017S Indiv./Family Training/Skill Development
 Other (identify code/name)

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)
		Session Start Time	Session End Time		Today's Date:	
					Today's Date:	
		Total Units:			Today's Date:	
		Session Start Time	Session End Time		Today's Date:	
					Today's Date:	
		Total Units:			Today's Date:	
		Session Start Time	Session End Time		Today's Date:	
					Today's Date:	
		Total Units:			Today's Date:	
		Session Start Time	Session End Time		Today's Date:	
					Today's Date:	
		Total Units:			Today's Date:	

1-6 minutes = 0.1 units
 7-12 minutes = 0.2 units
 13- 18 minutes = 0.3 units
 19-24 minutes = 0.4 units

25-30 minutes = 0.5 units
 31-36 minutes = 0.6 units
 37-42 minutes = 0.7 units
 43-48 minutes = 0.8 units

49-54 minutes = 0.9 units
 55- 60 minutes = 1.0 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.