

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: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> ID # (if applicable per the agency):	Service Month/Year:
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Agency Name: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Service Code (check one) : <input type="checkbox"/> 5524a Mentoring <input type="checkbox"/> 5521a/5568a Tutoring/Academic Support <input type="checkbox"/> 5522b/H2017S Indiv./Family Training/Skill Development <input type="checkbox"/> 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			
		Session Start Time	Session End Time		Today's Date:	
		Total Units:				
		Session Start Time	Session End Time		Today's Date:	
		Total Units:				
		Session Start Time	Session End Time		Today's Date:	
		Total Units:				
		Session Start Time	Session End Time		Today's Date:	
		Total Units:				

1-6 minutes = 0.1 units	25-30 minutes = 0.5 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.
7-12 minutes = 0.2 units	31-36 minutes = 0.6 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			