**Provider Proof of Service Delivery Documentation**

**Service Provider**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Provider Signature**

**Please fill out the information below and sign. Your signatures verify that the service that you were authorized to provide/receive thorough the RecoveryNet was delivered on the date indicated below by the service provider that you requested.**

**Name** \_\_\_\_\_\_\_\_\_\_\_

Date of Service:\_\_\_\_\_\_\_\_\_\_\_\_ Service Type: \_\_\_\_Housing \_\_\_Employment \_\_\_Peer/Recovery Coaching

Client signature

**Name**  \_\_\_\_\_\_\_\_\_\_\_

Date of Service:\_\_\_\_\_\_\_\_\_\_\_\_ Service Type: \_\_\_\_Housing \_\_\_Employment \_\_\_Peer/Recovery Coaching

Client signature

**Name** \_\_\_\_\_\_\_\_\_\_\_

Date of Service:\_\_\_\_\_\_\_\_\_\_\_\_ Service Type: \_\_\_\_Housing \_\_\_Employment \_\_\_Peer/Recovery Coaching

Client signature

**Name** \_\_\_\_\_\_\_\_\_\_\_

Date of Service:\_\_\_\_\_\_\_\_\_\_\_\_ Service Type: \_\_\_\_Housing \_\_\_Employment \_\_\_Peer/Recovery Coaching

Client signature

**Name** \_\_\_\_\_\_\_\_\_\_\_

Date of Service:\_\_\_\_\_\_\_\_\_\_\_ Service Type: \_\_\_\_Housing \_\_\_Employment \_\_\_Peer/Recovery Coaching

Client signature

**Name** \_\_\_\_\_\_\_\_\_\_\_

Date of Service:\_\_\_\_\_\_\_\_\_\_\_ Service Type: \_\_\_\_Housing \_\_\_Employment \_\_\_Peer/Recovery Coaching

Client signature

**Name** \_\_\_\_\_\_\_\_\_\_\_

Date of Service:\_\_\_\_\_\_\_\_\_\_ Service Type: \_\_\_\_Housing \_\_\_Employment \_\_\_Peer/Recovery Coaching

Client signature

**Provider Note**:this form must be signed (must be legible) by the service recipient for each day you are requesting reimbursement. This document must be kept on the service site and made available on request by the RAC or DHMH staff. The Provider proof of service delivery documentation will be requested at time of audit and forms must be kept by the provider for five years.