

# SERVICE VERIFICATION CARD

**[YOUR AGENCY NAME / LOGO GOES HERE]**

Today's Date: \_\_\_\_\_

**Today I received substance use disorder services and met with:**

Provider Staff Name: \_\_\_\_\_

2<sup>nd</sup> Staff Name: \_\_\_\_\_  
(If Applicable)

Group Topic: \_\_\_\_\_  
(If Applicable)

Approximately, how long did the service last?

0-1 hour     1-2 hours     2-3 hours     3 + hours

Client Name Printed \_\_\_\_\_ Client Signature (if 12 or over) \_\_\_\_\_

Caregiver Name Printed \_\_\_\_\_ Caregiver Signature \_\_\_\_\_

**Direct Service Staff Please Complete:**

Client AVATAR ID # (or other Identification #) \_\_\_\_\_

Staff Signature \_\_\_\_\_

Print Name and Cert/License # \_\_\_\_\_

Date \_\_\_\_\_

For Validator Use Only: Results of Verification:  Service validated  
 Service could not be validated

\_\_\_\_\_  
Name of staff validating service

\_\_\_\_\_  
Date of service validation