

## Appendix 6: Provider Proof of Service Delivery Documentation

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

Name \_\_\_\_\_  
Service type \_\_\_\_\_  
Date: \_\_\_\_\_ Time of service: \_\_\_\_\_  
This was the provider I selected: yes \_\_\_ no \_\_\_ (explain: \_\_\_\_\_)  
Service recipient signature \_\_\_\_\_  
Service Provider signature \_\_\_\_\_

Name \_\_\_\_\_  
Service type \_\_\_\_\_  
Date: \_\_\_\_\_ Time of service: \_\_\_\_\_  
This was the provider I selected: yes \_\_\_ no \_\_\_ (explain: \_\_\_\_\_)  
Service recipient signature \_\_\_\_\_  
Service Provider signature \_\_\_\_\_

Name \_\_\_\_\_  
Service type \_\_\_\_\_  
Date: \_\_\_\_\_ Time of service: \_\_\_\_\_  
This was the provider I selected: yes \_\_\_ no \_\_\_ (explain: \_\_\_\_\_)  
Service recipient signature \_\_\_\_\_  
Service Provider signature \_\_\_\_\_

Name \_\_\_\_\_  
Service type \_\_\_\_\_  
Date: \_\_\_\_\_ Time of service: \_\_\_\_\_  
This was the provider I selected: yes \_\_\_ no \_\_\_ (explain: \_\_\_\_\_)  
Service recipient signature \_\_\_\_\_  
Service Provider signature \_\_\_\_\_

***Provider Note: this form must be filled out for each RecoveryNet service you deliver. There is only one service recipient per form however multiple services (up to three) per one recipient can be recorded on this form. Use additional forms for more than three services. Remember information about recipients and the services they receive are confidential. Refer to Appendix of this manual for details on confidentiality. This document must be kept on service site and made available on request by the Regional Coordinator. Provider proof of service delivery forms must be kept by the provider for five years.***