

**In Community Service Form-Final Version 2006
to be completed**

Side 1 of 2 sides

Service Encounter 01	Type of Service Delivery Site (if other than home) ↓	Service Delivery Site Phone ↓	<input type="checkbox"/> Guardian or <input type="checkbox"/> Responsible Party's Name ↓	Guardian or Responsible Party's Certification ↓
	Address of Service Delivery Site (if other than home) ↓	Area	Guardian or Responsible Party's Address ↓	Relationship to child
	Encounter Date ↓	Services Delivered ↓	Street	My signature below certifies that services were delivered as indicated at left.
	Month Day Year	<input type="checkbox"/> Behavioral Assistance	Street	
	Encounter Time ↓	<input type="checkbox"/> IIC – Bachelors level	City	Signature
	Start Finish	<input type="checkbox"/> IIC – Masters level	State Zip County	Date Signed
	<input type="checkbox"/> IIC - Licensed			
	<input type="checkbox"/> Individual <input type="checkbox"/> Group			

Service Encounter 02	Type of Service Delivery Site (if other than home) ↓	Service Delivery Site Phone ↓	<input type="checkbox"/> Guardian or <input type="checkbox"/> Responsible Party's Name ↓	Guardian or Responsible Party's Certification ↓
	Address of Service Delivery Site (if other than home) ↓	Area	Guardian or Responsible Party's Address ↓	Relationship to child
	Encounter Date ↓	Services Delivered ↓	Street	My signature below certifies that services were delivered as indicated at left.
	Month Day Year	<input type="checkbox"/> Behavioral Assistance	Street	
	Encounter Time ↓	<input type="checkbox"/> IIC – Bachelors level	City	Signature
	Start Finish	<input type="checkbox"/> IIC – Masters level	State Zip County	Date Signed
	<input type="checkbox"/> IIC - Licensed			
	<input type="checkbox"/> Individual <input type="checkbox"/> Group			

Service Encounter 03	Type of Service Delivery Site (if other than home) ↓	Service Delivery Site Phone ↓	<input type="checkbox"/> Guardian or <input type="checkbox"/> Responsible Party's Name ↓	Guardian or Responsible Party's Certification ↓
	Address of Service Delivery Site (if other than home) ↓	Area	Guardian or Responsible Party's Address ↓	Relationship to child
	Encounter Date ↓	Services Delivered ↓	Street	My signature below certifies that services were delivered as indicated at left.
	Month Day Year	<input type="checkbox"/> Behavioral Assistance	Street	
	Encounter Time ↓	<input type="checkbox"/> IIC – Bachelors level	City	Signature
	Start Finish	<input type="checkbox"/> IIC – Masters level	State Zip County	Date Signed
	<input type="checkbox"/> IIC - Licensed			
	<input type="checkbox"/> Individual <input type="checkbox"/> Group			

Service Encounter 04	Type of Service Delivery Site (if other than home) ↓	Service Delivery Site Phone ↓	<input type="checkbox"/> Guardian or <input type="checkbox"/> Responsible Party's Name ↓	Guardian or Responsible Party's Certification ↓
	Address of Service Delivery Site (if other than home) ↓	Area	Guardian or Responsible Party's Address ↓	Relationship to child
	Encounter Date ↓	Services Delivered ↓	Street	My signature below certifies that services were delivered as indicated at left.
	Month Day Year	<input type="checkbox"/> Behavioral Assistance	Street	
	Encounter Time ↓	<input type="checkbox"/> IIC – Bachelors level	City	Signature
	Start Finish	<input type="checkbox"/> IIC – Masters level	State Zip County	Date Signed
	<input type="checkbox"/> IIC - Licensed			
	<input type="checkbox"/> Individual <input type="checkbox"/> Group			

Service Encounter 05	Type of Service Delivery Site (if other than home) ↓	Service Delivery Site Phone ↓	<input type="checkbox"/> Guardian or <input type="checkbox"/> Responsible Party's Name ↓	Guardian or Responsible Party's Certification ↓
	Address of Service Delivery Site (if other than home) ↓	Area	Guardian or Responsible Party's Address ↓	Relationship to child
	Encounter Date ↓	Services Delivered ↓	Street	My signature below certifies that services were delivered as indicated at left.
	Month Day Year	<input type="checkbox"/> Behavioral Assistance	Street	
	Encounter Time ↓	<input type="checkbox"/> IIC – Bachelors level	City	Signature
	Start Finish	<input type="checkbox"/> IIC – Masters level	State Zip County	Date Signed
	<input type="checkbox"/> IIC - Licensed			
	<input type="checkbox"/> Individual <input type="checkbox"/> Group			

Service Encounter 06	Type of Service Delivery Site (if other than home) ↓	Service Delivery Site Phone ↓	<input type="checkbox"/> Guardian or <input type="checkbox"/> Responsible Party's Name ↓	Guardian or Responsible Party's Certification ↓
	Address of Service Delivery Site (if other than home) ↓	Area	Guardian or Responsible Party's Address ↓	Relationship to child
	Encounter Date ↓	Services Delivered ↓	Street	My signature below certifies that services were delivered as indicated at left.
	Month Day Year	<input type="checkbox"/> Behavioral Assistance	Street	
	Encounter Time ↓	<input type="checkbox"/> IIC – Bachelors level	City	Signature
	Start Finish	<input type="checkbox"/> IIC – Masters level	State Zip County	Date Signed
	<input type="checkbox"/> IIC - Licensed			
	<input type="checkbox"/> Individual <input type="checkbox"/> Group			

Service Recipient's or Guardian's Signature	1. I authorize the release of any medical or other information necessary to process claims associated with services delivered as documented on this form. 2. I request payment of government benefits either to myself or to the party who accepts assignment. 3. I authorize payment of medical benefits to the supplier(s) identified at numbers 13 through 17 on this form for services described on this form. 4. I am fourteen years old or older and certify that I have received services as documented on this form – OR – 5. I am the parent or legal guardian of a child under the age of fourteen and I certify that the child received services as documented on this form.
	Signature _____ Date Signed _____