



MUTUAL-HELP ATTENDANCE VERIFICATION

This log is to be submitted to HPRP monthly, by the 10th of the following month

Licensee Name: _____

Case Manager: _____

MONTH: _____ YEAR: _____

This form is used to verify that I have attended the following mutual-help group meetings **IN PERSON** (i.e. AA, NA, Caduceus, Al-Anon, Nar-Anon, SMART). Please use additional mutual-help attendance forms as necessary. **The original copy of this form must be mailed to the below PO Box address. No electronic copies will be accepted.**

	DATE	MEETING NAME	CITY	TIME	CHAIR	PHONE NUMBER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

	DATE	CADUCEUS MEETING	CITY	TIME	CHAIR	PHONE NUMBER