

# Hawaii Behavioral Health

## Service Verification Form

210 Ward Avenue, Suite 219  
Honolulu, Hawaii 96814

Telephone: (808) 585-1424  
Fax: (808) 585-0379

INSTRUCTIONS: One (1) line per service location. DO NOT combine locations. If service is an afterschool program (e.g. A+, CBI, etc.), use name of program even if program is physically located on a school campus.

Provider Name: \_\_\_\_\_ Agency: Hawaii Behavioral Health Month / Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date	School/Site (Specify Location)	Place Codes			Type of Service	Start Time	End Time	*Signature of School Personnel / Caregiver	Printed Name of School Personnel/Caregiver	Affiliation
		S	C	H						
		S	C	H			Start	Start		
							End	End		
		S	C	H			Start	Start		
							End	End		
		S	C	H			Start	Start		
							End	End		
		S	C	H			Start	Start		
							End	End		
		S	C	H			Start	Start		
							End	End		
		S	C	H			Start	Start		
							End	End		

Note: Signature verifies that the service was delivered at school/home/community.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*if signature of school personnel/caregiver is different at start and end time, two signatures are required.

**Routing Information:**

Send copy to IEP/MP Care Coordinator via:  
 Fax receipt       Other: \_\_\_\_\_  
 Date Sent: \_\_\_\_\_ \*\*Original document to be kept on file at agency