

Supportive supervision attestation form

Community Behavioral Health Supports (CBHS)

Instructions

Use one form per individual during each 24-hour cycle to indicate the number of behavioral health supportive supervision hours provided on today's date. This does not include time spent sustained with activities in daily living.

1

Client information

First and last name

Date of birth

Authorizing service tier

Hourly range

2

Summary and signature

By signing I attest this information is true, accurate, and complete. I understand any falsification, omission, or concealment of material fact may subject me or the represented organization to further corrective actions.

Date

Start time

End time

Summary of services. Include:

- A description of behaviors for which intervention was needed;
- The intervention provided; and
- What was happening before the behavior began that required intervention.

Person(s) performing services

First and last name

Signature

First and last name

Signature

First and last name

Signature

If additional room is needed for summary information or signatures, please attach as a separate sheet.