ASSESSMENT ACTIVITY VERIFICATION

| Name: |
|-------|
| Name: |

Week of:_____

Client Advocate: _____

Negotiated Activity:_____

| Date | Description of Activity – Be specific! | # of hours | Verification of Activity/Time (Signature with contact info or Attached) |
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Total Hours for the Week: _____

It is your responsibility to complete and return this time sheet to your Pathways client advocate each week. Time sheet must reflect total number of assigned hours in negotiated activities. Failure to provide this weekly verification sheet will result in possible sanction.

| Participant Signature: | Date: |
|------------------------|-------|
| Reviewed by CA: | Date: |