

Week of: _____

SUBMIT BY SUNDAYS WEEKLY

COMMUNITY BASED SELF HELP MEETING VERIFICATION

Participant Name: _____ Phase: _____ Enrolled GED or Other approved Ed Class? Y N

Sponsor's first name: _____ Date of Last Sponsor Contact AND method of contact: _____

*****This form is due every SUNDAY by 11:59pm & must be uploaded via the BRJC website under "Proof of Community Support Meeting" tab in order to receive credit for your meetings. Only one meeting per day is counted towards the requirement. All meetings are to be completed IN PERSON (unless preapproved by your case manager AND Treatment Supervisor). Meeting sheets should be detailed and filled out in full or it may be a violation. A new form should be filled out each week.**

MEETING 1:

Day of Week (Circle one)	Date	Start Time	End Time	Group Name and Address	Topic(s) Discussed	Discussion Leader's Signature
M T W Th F Sa Su						

SUMMARY (MUST WRITE IN THE SPACE BELOW WHAT YOU LEARNED AT THE MEETING AND HOW IT IMPACTS YOUR CURRENT RECOVERY PROCESS):

MEETING 2:

Day of Week (Circle one)	Date	Start Time	End Time	Group Name and Address	Topic(s) Discussed	Discussion Leader's Signature
M T W Th F Sa Su						

SUMMARY (MUST WRITE IN THE SPACE BELOW WHAT YOU LEARNED AT THE MEETING AND HOW IT IMPACTS YOUR CURRENT RECOVERY PROCESS):

MEETING 3:

Day of Week (Circle one)	Date	Start Time	End Time	Group Name and Address	Topic(s) Discussed	Discussion Leader's Signature
M T W Th F Sa Su						

SUMMARY: MUST WRITE IN THE SPACE BELOW WHAT YOU LEARNED AT THE MEETING AND HOW IT IMPACTS YOUR CURRENT RECOVERY PROCESS):

By submitting this document to the DAC, I understand that it is a felony offense to knowingly and willfully make a false, fictitious, or fraudulent statement or representation or to make or use a false writing or document, knowing the document or writing to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the state or county government pursuant to O.C.G.A. 16-10-20.

Participant Signature: _____ Date: _____