

Week of: _____

Due date: _____

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: _____ Are you on OSM? Y N

This form is due every Monday by 5pm to receive credit for your meetings. Only one meeting per day is counted towards the requirement.

MEETING 1: ONLINE _____ **IN PERSON** _____

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:

MEETING 2: ONLINE _____ **IN PERSON** _____

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:

MEETING 3: ONLINE _____ **IN PERSON** _____

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:

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: _____