

PROLONGED ASSISTANCE VERIFICATION FORM

Identify Birth-to-3 Child On Line Below	Home District	Date of Service	No. of Units	Site	Begin Odometer	End Odometer	Miles
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

*** 1 unit = 15 minutes**

I declare and affirm under the penalties of perjury, that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with provisions of the civil rights of 1964, and regulations issued there under relating to non-discrimination in federally assisted programs.

Speech Clinician/Early Childhood Signature

Date