First Things First Early Childhood Therapist Incentives Program

Therapy Services Tracking Form

Signature of Therapist and Employer must be Notarized

This is to verify that_____ provided _____ total hours of *therapy services

to _____ (the number of individual children birth through five served) this quarter at_____

(approved service area/site) for the service quarter beginning _____(MM/DD/YY) and ending _____(MM/DD/YY).

***Therapy Services may include, but are not limited to: face to face contact with children and families, direct therapy services, assessment, diagnosis, treatment planning, writing and reporting, counseling, and any time invested in providing age-appropriate early childhood developmental services.**

This signed and notarized form is due 10 business days after the last day of the completed quarter. The form shall be submitted to:

First Things First Early Childhood Therapist Incentives Program
Bureau of Health Systems Development
Arizona Department of Health Services
150 N 18th Ave Suite 300
Phoenix, Arizona 85007

I hereby verify that I have provided these services.

_____ _____

Signature of Obligated Provider/Therapist Date

State of _____Arizona_____)
)
County of _____)

The foregoing instrument was acknowledged before me this_____ day of_____ ,_____ ,

by _____. My Commission Expires:_____
Notary Public

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I hereby verify that the above information is accurate.

_____ _____

Signature of Employer/Service Site Administrator Date
or authorized signatory (where applicable)

State of _____Arizona_____)
)
County of _____)

The foregoing instrument was acknowledged before me this_____day of_____ ,_____ ,

by _____ My Commission Expires: _____
Notary Public