

**Children's Community Mental Health Services and Wraparound Milwaukee
In-Home Signature Log**

Use of this log for In-Home Services Only			Enrollee/Client Name: ID # (if applicable per the agency):				Service Month/Year:		
Agency Name:			Service Code: ☐ 5160/H2033 In-Home Lead ☐ 5161/H2033 In-Home Aide ☐ 5167 In-Home AODA ☐ H2017T- Psychotherapy ☐ H2017SA- Substance Abuse Tx						
Provider Name(s):									

Session Date	No Show (x)	Person(s) Seen / Relationship to Enrollee/Client	Actual Session Time + Actual Travel Time = Total Units				Location	Signature of Therapy Session Recipient (For individual sessions, the recipient signs. For family sessions, enrollee and/or guardian shall sign)	Date Therapy Session Recipient Signed	Relationship to Enrollee/Client (Indicate relationship if it's not the client that has signed)
	☐		Travel Start Time	Session Start Time	Session End Time	Travel End Time	☐ Home ☐ School ☐ Office ☐ Other:		Today's Date:	
Total Units (Session + Travel):										
	☐		Travel Start Time	Session Start Time	Session End Time	Travel End Time	☐ Home ☐ School ☐ Office ☐ Other:		Today's Date:	
Total Units (Session + Travel):										
	☐		Travel Start Time	Session Start Time	Session End Time	Travel End Time	☐ Home ☐ School ☐ Office ☐ Other:		Today's Date:	
Total Units (Session + Travel):										
	☐		Travel Start Time	Session Start Time	Session End Time	Travel End Time	☐ Home ☐ School ☐ Office ☐ Other:		Today's Date:	
Total Units (Session + Travel):										

1-6 minutes = 0.1 units, 7-12 minutes = 0.2 units, 13- 18 minutes = 0.3 units, 19-24 minutes = 0.4 units, 25-30 minutes = 0.5 units, 31-36 minutes = 0.6 units, 37-42 minutes = 0.7 units, 43-48 minutes = 0.8 units, 49-54 minutes = 0.9 units, 55- 60 minutes = 1.0 units

NOTE: Having the service recipient pre-sign the In-Home Session Log is fraudulent behavior and may be grounds for termination from any/all County Provider Networks and may prohibit any future contractual arrangements with the County.