## Self Help Meetings Verification Form

Community Support Meeting Attendance Record for:\_\_\_\_\_

In a spirit of cooperation with the treatment community, would you please verify my attendance at this meeting? Honesty and responsibility are hallmarks of recovery. Please note if I came in late or left early. Thank you! \*YOU WILL NOT RECEIVE CREDIT FOR MEETING ATTENDANCE

## UNLESS FORM IS FILLED OUT COMPLETELY\*

Date:	Name of Meeting:	_Address:
		Phone Number:
Topic(s) Discuss	ed:	
Date:	Name of Meeting:	_Address:
Time:	Chair Signature:	Phone Number:
Topic(s) Discuss	ed:	
What did you le	arn from this meeting?	
Date:	Name of Meeting:	Address:
		_ Address: Phone Number:
Time:	Chair Signature:	
Time: Topic(s) Discuss	Chair Signature:	Phone Number:
Time: Topic(s) Discuss	Chair Signature:	Phone Number:
Time: Topic(s) Discuss What did you le	Chair Signature: ed: earn from this meeting?	Phone Number:
Time: Topic(s) Discuss What did you le Date:	Chair Signature: ed: earn from this meeting? Name of Meeting:	Phone Number:
Time: Topic(s) Discuss What did you le Date: Time:	Chair Signature:ed:ed:earn from this meeting? warn from this meeting? Name of Meeting: Chair Signature:	Phone Number:
Time: Topic(s) Discuss What did you le Date: Time: Topic(s) Discuss	Chair Signature: ed: earn from this meeting? Name of Meeting: Chair Signature: ed:	Phone Number: