

# PARENTAL VERIFICATION FOR RECEIPT OF BEHAVIORAL SERVICES

Consumer Name: \_\_\_\_\_

UCI#: \_\_\_\_\_

Authorization# \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor#: \_\_\_\_\_

Service Code: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_

Service Month: \_\_\_\_\_

Service Year: \_\_\_\_\_

Date	Name & Credential of Worker	Location (if different than consumer home)	Service Type	Start Time	End Time	Total Time	Total Miles	Parent Signature (Face to Face service)
<b>Subtotals:</b>								

\*Time should be rounded to the nearest ¼ hour

**SERVICE TYPES:**

(1) Face to Face	(2) Report Prep	(3) Meetings	(4) Phone-Client	(5) Phone – Other	(6) Other
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Vendor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PARENTAL VERIFICATION FOR RECEIPT OF BEHAVIORAL SERVICES

**Instructions to the Vendor:** Section 4686.31 of the Welfare and Institutions code requires any vendor who provides Behavioral Services as specified in Title 17 of the California code of Regulations\* to submit a completed verification form to the regional center for services provided to consumers under the age of 18 years who reside in the family home. The vendor must submit the completed verification s to the regional center with the invoices for the services provided. If the parents or legally appointed guardians of a minor consumer do not submit a verification of services to the vendor, the vendor shall contact the regional center. Failure of the parents or legally appointed guardians of a minor consumer to submit a verification of services to the vendor shall not be a basis for terminating or changing behavioral services to the minor consumer.

**\*This applies to the following Services Codes:** 612-Behavior Analyst, 613-Associate Behavior Analyst, 615-Behavior Management Assistant, 616-Behavior Technician-Paraprofessional, 620-Behavior Management Consultant, 625-Counseling Services, 680-Tutor, 017-Crisis Team Evaluation and Behavioral Intervention Training, 025-tutor Services-Group, 048-Client/Parent Support Behavior Intervention Training, and 077-Parent-Coordinated Home Based Behavior Intervention Program for Autistic Children, 605-Adaptive Skill Training.

**Instructions to the Parents or legally Appointed Guardians:** Please sign, date, and submit this form to your vendor within 30 days from the time the services were provided. If you are unable to sign the form, please contact your regional center services coordinator/case manager as soon as possible.

If you have any questions, please feel free to contact your regional center service coordinator/case manager.

*I verify that the Behavioral Services provided to the consumer listed on this form were provided at the location, dates, and times as shown and are true, correct, and complete.*

\_\_\_\_\_  
Name of Parent/Legally Appointed Guardian

\_\_\_\_\_  
Signature of Parent or Legally Appointed Guardian

\_\_\_\_\_  
Date

**\*Valley Mountain Regional Center will only require one Pg. 2 Parental Verification signature sheet per month of service.**