

Family Intervention Activity

Participant Name _____ **RID#:** _____

This form must be filled out by the New Hampshire Employment Program (NHEP) participant who is receiving services from another agency. The agency must then complete the "Agency Use Only" section below to confirm the times entered by the NHEP participant are true and correct.

NHEP Participant: In the Week One and Week Two blocks below please enter the date(s) that you received services in the last 2 weeks, and the amount of time you were engaged in those services to the nearest 15 minutes.

Week One		Week Two	
Saturday	Date	Amount of Time	
	Date	Amount of Time	Date
	Date	Amount of Time	Amount of Time
Sunday	Date	Amount of Time	
	Date	Amount of Time	Date
	Date	Amount of Time	Amount of Time
Monday	Date	Amount of Time	
	Date	Amount of Time	Date
	Date	Amount of Time	Amount of Time
Tuesday	Date	Amount of Time	
	Date	Amount of Time	Date
	Date	Amount of Time	Amount of Time
Wednesday	Date	Amount of Time	
	Date	Amount of Time	Date
	Date	Amount of Time	Amount of Time
Thursday	Date	Amount of Time	
	Date	Amount of Time	Date
	Date	Amount of Time	Amount of Time
Friday	Date	Amount of Time	
	Date	Amount of Time	Date
	Date	Amount of Time	Amount of Time

FOR AGENCY USE ONLY

By signing this form you are confirming the above written hours are true and correct.

Agency: _____ Phone: _____

Address: _____

Agency Professional Signature _____ Date _____

Agency Professional **PRINTED** Name _____

THANK YOU FOR YOUR COOPERATION!