# Provider Proof of Service Delivery Documentation for Recovery Housing

**House Name &**
**Site/Location:**_____

**Client Name** _____

**Please sign and date daily while you are receiving ATR/RecoveryNet funding for this service. Your signature verifies that the service you were authorized to receive through the ATR/RecoveryNet was delivered.**

Date: _____

Client signature_____

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Date: _____

Client signature_____

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Date: _____

Client signature_____

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Date: _____

Client signature_____

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Date: _____

Client signature_____

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Date: _____

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