



**Madison County Preschool Confirmation of Service Delivery**  
**Month/Year \_\_\_\_\_**

<b>Child's Name (Last, First)</b>	<b>DOB:</b>	<b>Agency Name:</b>	<b>Therapist NPI #:</b>	<b>Therapist License Number:</b>
<b>Type of Service Frequency /Duration:</b>		<b>Print Name of Individual Service Provider:</b>	<b>Service Location &amp; Address:</b>	

Date of Service	Time In/Out	Location Code	Date making up	Parent/Caregiver Signature	Cancellation Narrative

**CODES:**    H= Home        NS=Nursery School        UPK=Universal Pre-K        DC=Daycare        HS=Head start        O=Other (Please Specify)

I certify that on the dates above, the above named child received the services noted and that documentation exists and is maintained on file verifying the delivery of said services in accordance with all relevant federal, state and local laws and regulations governing the Medicaid process.

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_