Exhibit B: Sample Title XX Unit of Service Log

Service Name/Code: _____ Provider Name: _____

Instructions: Staff member present during Service should fill out and sign the white portion of this form. The Business Unit staff responsible for entering information into the Title XX App should fill out the grey portion of this form.

Individual's Name	Service Date	Start Time	End Time	Location	Staff Signature	Social or ID#	DOB	Calculated Service Duration	Units to Bill in TXX App *By Individual by Day*	Name	Signature