



Peer Assistance Services

Group Meeting Verification Form

Client Name: _____

Month Submitted for: _____

Monthly Requirement _____ per _____

Please use a separate sheet for each meeting type. Check One:

12-Step Support Group Meetings

Recovery Based Support Group Type: _____

Week 1 (Sunday – Saturday)

Date	Location - City/State	Verification Signature	Printed Name

Week 2 (Sunday – Saturday)

Date	Location - City/State	Verification Signature	Printed Name

Week 3 (Sunday – Saturday)

Date	Location - City/State	Verification Signature	Printed Name

Week 4 (Sunday – Saturday)

Date	Location - City/State	Verification Signature	Printed Name

Week 5 (Sunday – Saturday)

Date	Location - City/State	Verification Signature	Printed Name

Reports may be submitted via:

Email: reports@peerassist.org

Fax: Last name A-L 720.213.1007
Last Name M-Z 720.213.0002

Mail: Peer Assistance Services
2170 S. Parker Road, Suite 229
Denver, CO 80231

In Person: Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
Denver, CO 80231

or Peer Assistance Services, Inc.
200 Grand Avenue, Suite 270
Grand Junction, CO 81501