

Attachment Q – One to One Monthly Service Verification

State of Maryland- One to One Services Verification Document							BPO
LDSS				Region		PO	
CONTRACTOR/PROVIDER							
CJAMs Client #	Client Name	BEGIN DATE	END DATE	# of DAYS	TOTAL HRS APPROVED	HOURLY RATE	MAX REIMBURSEMENT
					TOTAL CHARGE FOR SERVICE		
					TOTAL ALLOWABLE BILL		
Contractor/Provider Signature				DATE	LDSS Project Manager Signature		DATE
NOTE:					SSA Project Officer Signature		DATE
DHR/SSA							

Instructions Contractor:

The Contractor shall complete this form for each Local Department of Social Services and email to the identified LDSS Project Officer by no later than the 5th business day of the month following service delivery. If needed the Contractor shall complete an additional form if needed to document services provided to youth.

Instruction for LDSS Project Manager:

The LDSS Project Manager shall review the verification document and confirm that services were provided to each youth. The LDSS Project Manager shall sign and date form and forward the verification document to the Placementand.Permanency@maryland.gov email account by no later than the 23rd of each month.