Luzerne Intermediate Unit 18
368 Tioga Ave.
Kingston, Pa. 18704

ENCOUNTER FORM

STUDENT	MA ID NUMBER

Encounter Form

My signature certifies that I received a service or item on the date listed below. I understand that payment for this service or item will be from federal and State Funds and that any false claims, statements, or documents, or concealment of material may be prosecuted under applicable Federal and State Laws."

DATE	START TIME	STOP TIME	TOTAL HOURS	Units (Office Use Only)	RECIPIENT'S SIGNATURE I HAVE READ AND AGREE WITH THE ABOVE STATEMENT

PROGRAM:

- ☐ ASP
- ☐ P-50
- ☐ WVW Partial
- ☐ KM SMITH Partial

POSITION:

- ☐ ASSW
- ☐ MT
- ☐ TSS
- ☐ MHTS

Staff Signature: _____

Save Print Reset