Exhibit B: Sample Title XX Unit of Service Log

Service Date: _____ Service Name/Code: _____ Provider Name & Location: _____

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. Hard copy Unit of Service Logs should be set up according to the guidelines in Section 3.1 of the grant agreement and follow appropriate local county board policies and procedures.

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