

VERIFICATION OF COUNSELING SERVICES

FGI Activity Number

Therapist

**3720 Barrington H. Brennen
Nassau, Bahamas**

barringtonbrennen@gmail.com

242-327 1980

	DATE	UNIT OF SERVICE	CLIENT SIGNATURE	WHO ATTENDED (1 st name only)	COUNSELLORS INITIALS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

- A) THIS FORM PROVIDES PROOF OF SERVICE FOR PAYMENT PURPOSES **ONLY** ON BEHALF OF THE CLIENT.
- B) SEND DUPLICATE FOR BILLING (WHERE APPROPRIATE). ORIGINAL REMAINS IN FILE.