

SELF HELP VERIFICATION FORM

Date Attended: _____/_____/_____ Name of Meeting: _____

Type of Meeting ____AA ____NA ____CA ____MA ____RR ____SOS ____Other (Specify)_____

Signature of Meeting Chair: _____ Phone Number: _____

What did you gain from the meeting?: _____

I affirm that I attended the above meeting, arriving on time and staying until completed.

Your Signature: _____

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