Teleservice cannot be initiated without form being completed.

|  |  |  |
| --- | --- | --- |
| **Member Information** | Name: |  |
| Service Site Location: |  |
| **Authorization** |
| **Teleservice Information** | Estimated Date(s) of Teleservice: |  |
| Location of Teleservice: |  |
| Approved Activities (Service, Training, and/or Fundraising), along with estimated hours for each and product or verification outcome:(Service, Training, and/or Fundraising) | Activity 1:     Estimated Hours:     Outcome or Product:     *Repeat above as needed for each approved activity* |
| **Teleservice Supervision** | Expectations of the communication requirements between supervisors and teleserving member ​ |  |
| **Teleservice Mitigation** | How will service activities and time be validated |  |
| **Approval** |
| **Approval Information** | Program Staff Name: |  |
| Program Staff Signature |  |
| Date of Pre-Approval Request: |  |
| Program Director Name:  |  |
| Program Director Signature |  |
| Date Director Pre-Approval Request: |  |