



AMI SELF-HELP ATTENDANCE RECORD

Name: _____ Date: _____

	Event Date	AMI Event	Verification Name	Verification Contact #
1.				() -
2.				() -
3.				() -
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18.				() -
19.				() -
20.				() -

By your next Case Management Appointment, you must attend at least:

_____ Group Activity _____ Individual Activity _____ AMI Personal Activity

_____ Date _____ Case Managers Initials