MAC Monitoring Support Form

Instructions: Please complete the form below to document each claimable activity performed and the associated time. Please provide a **brief** narrative of the claimable activity(s) in the description of activity column. Return this form to the district MAC coordinators office within **5 business days** of the survey date. Please refer to the Claimable Categories Activity Codes for definitions.

Survey Date:_____ **Coordinator:**_____ **District:** _____

Staff Name	**Time Segment**, **Code**, **Description** of activity (**Descriptive** words: **Referral**, **Coordinating**, **Monitoring**, **Informed**, etc…)
Sample Name	*8:15-9:00 C1.1 Referred a student for an OHP covered mental health service to Linn County Mental Health, an enrolled OHP provider.*