Selah Place of Oregon County, Inc.

SERVICE PROVISION FORM

This form is kept in the file after the person leaves services.

Please report time to the nearest quarter hour (i.e. 15 minutes = .25, 30 minutes = .5, etc.)

Date	Type of service provided *(i.e.: court advocacy, crisis intervention, case management, etc.)*	Advocate's name	Length of time	Funding source