



## Home Visit/Face-to-Face Signature Log

Participant Name (Please Print): \_\_\_\_\_

Healthy Start Staff Name (Please Print): \_\_\_\_\_

Healthy Start Staff Name (Signature): \_\_\_\_\_

Healthy Start Provider Name: \_\_\_\_\_

Start Time	End Time	Date of Service	Type of Service Provided (IC, IA, Education, Follow-up, etc.)	Participant Signature

\*One Signature Log should be completed per home visit/face-to-face