

2023 245D TIME & ACTIVITY DOCUMENTATION

CIRCLE THE SERVICE PROVIDED:									
нм	ACC	NS	IHS wot						
ICLS	IHFS	RES	IHS\v/t						

	WEEK 1							WEEK 2								
DAY:	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT		
DATE:			AM	AM	***			AM				***				
VISIT 1: IN	PM	AM PM	РМ	PM	AM PM	AN PN	A PN	PM	AM PM	PA	PM	AM PM	AM PM	AM PM		
VISIT 1: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AA PA		AM PM	AM PM	AN PN	AM PM	AM PM	AM PM	AM PM		
VISIT 1 TOTAL:																
VISIT 2: IN	PM	AM PM	AM PM	AM PM	AM PM	AA PA		AM PM	AM PM	AN PN	AM PM	AM PM	AM PM	AM PM		
VISIT 2: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AA PA	AN AN	AM PM	AM PM	AN PN	AM PM	AM PM	AM PM	AM PM		
VISIT 2 TOTAL:																
DAILY TOTAL:																
	WEEK 1 TOTAL:							WEEK 2 TOTA	AL:		PAY PERIOD	DD TOTAL:				
	WEEK 1 ACTIVITIES/PROGRESS:								WEEK 2 ACTIVITIES/PROGRESS:							
Was the reci	pient in Hospit	al or other C	are Facility d	uring this pay	period? Y	N			Dates:							
Location:								-								
	gements & Sign															
	port staff. Rev											stance paym	ent. By signi i	ng below		
you swear and verify the time and services entered above or Printed Client Name:						onsible Party Signature:			ie riuli.	Date:						
	tules: Time she													t each shift.		
	ite in correct c													sould face -		
	@healthmaxm secution and of															
	s provided, a				Joining Girla 3	ai onaci	policiny of it	aav	- accordic	., .cpoiled	J 11115 11111G 3		old i delodily	Jikou,		
Printed Employee Name:			UMPI/Provide	er#	Employee Signature:				Date:							