

Notes:

Consumer Directed Services ervice Delivery Log with Written Narrative/Written Sur

Health and Services	d Human		Ser	vice Deliver	y Log with	Written Nar	rative/Written Su	ımmary		Page 1 of 2
Program						Participan	Participant Name			
Pay Period						Employer	Employer Name			
Service Provid	ler Name			Serv	vice Type					
					PAS SHL [Respite	Community Support [Residential Habilitation	Other	
Service Date	Time In (AM or PM)	Time Out (AM or PM)	Time In (AM or PM)	Time Out (AM or PM)	Total Hours	Place of Service		Written Na Continue narrative on n		
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	· ·	0					
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	:	0					
	:	:	:	:	0					
	l	l	l	Total Hours	0					
The employer of the employee a	cannot submit a t and employer ce	ime sheet to the I rtify that the infor	Financial Manage mation provided a	ement Services Ag above is complete	gency (FMSA) for and accurate an	time worked by d understand tha	the employee while the at submitting a false or fr	individual was in the hospita audulent time sheet could re	ıl. esult in a Medicaid fra	uud referral.
Signature — Service Provider Date								r Designated Representative	e (DR)	Date
Service Type:						FMSA U	se Only			
Hours Reg at \$ per hour Hours Sick										
	Hours O	T at \$	per hou	ır	Hours Holid	ay				
	Hours V	acation			Bonus					
	Other									
Time sheet:	: Acceptal	ble Unac	ceptable F	Return to emplo	yer					

FMSA: