

Dates of service _____ to _____ Consumer name: _____

County: Miami _____

Provider Name: _____

Provider Medicaid #(waiver): _____

Consumer Medicaid #(waiver): _____

Record of Daily Activities

Please record the date & time of services and a brief description of the services you provided. When recording your service, be sure to note any service that occurred outside the home, listing dates and activities.

Be sure to complete page one.

Date	Time In/Out	Ratio	# of Units	Description of services/Benefits noted monthly
Sun				
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				

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