

## ATTENDANT CARE

Provider Name: \_\_\_\_\_ (PRINT NAME)

Month/ Year: \_\_\_\_\_

Client Name: \_\_\_\_\_ (PRINT NAME)

- ◆ Monthly Daily **Attendant Care Report/Check List** **MUST** accompany Attendant Care Time Sheet(s)
- ◆ Time Sheets **will not** be processed without both the signatures at the bottom
- ◆ Time entries must be rounded off to the nearest Quarter hour
- ◆ Parent/Guardian must initial mistakes or mark-outs
- ◆ Only fill in dates/times that you have worked, other dates Total Hours should be marked "0"

Date	Time In	Time Out	Total Hours	Date	Time In	Time Out	Total Hours
1	a.m.	a.m.		16	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
2	a.m.	a.m.		17	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
3	a.m.	a.m.		18	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
4	a.m.	a.m.		19	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
5	a.m.	a.m.		20	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
6	a.m.	a.m.		21	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
7	a.m.	a.m.		22	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
8	a.m.	a.m.		23	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
9	a.m.	a.m.		24	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
10	a.m.	a.m.		25	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
11	a.m.	a.m.		26	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
12	a.m.	a.m.		27	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
13	a.m.	a.m.		28	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
14	a.m.	a.m.		29	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
15	a.m.	a.m.		30	a.m.	a.m.	
	p.m.	p.m.			p.m.	p.m.	
				31	a.m.	a.m.	
					p.m.	p.m.	
<b>TOTAL HOURS</b>				<b>TOTAL HOURS</b>			

Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_