

IN HOME AND FAMILY SUPPORT PROVIDER SERVICES LOGS

FY _____

Consumer: _____

Service: _____

Address: _____

IHFS #: _____

Phone: _____

✕ _____

Client/Family Signature

1. An entry is required in each column for each day worked. 2. Signatures are needed from both consumer/parent and provider. 3. A provider Qualification Survey must be on file for each provider used.

DATE OF SERVICE	START TIME	END TIME	TOTAL TIME	HOURLY RATE OF PAY	SKILLS/GOALS WORKED ON

TOTAL HOURS: _____	TOTAL PAY: _____
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I UNDERSTAND THAT IT IS A FELONY TO KNOWINGLY MAKE A FALSE STATEMENTS CONCERNING DUTIES PERFORMED, NUMBER OF HOURS WORKED OR RATE OF PAY.

PROVIDER: _____

ADDRESS: _____

I received payment for this service in the amount of \$ _____.

✕ _____
Provider Signature

PHONE: _____

SERVICE LOG INSTRUCTIONS

Consumer: name of person receiving the service, use only one log per person.

Phone: home number of the consumer

Client/Family Signature: Signature of person responsible for the consumer

Date of service: enter for each day services were provided, do not put multiple days in one entry

Start time: time the service started

End time: time that services were completed

Pay rate: This will be the pay that is agreed upon in the written plan. Change of pay rates will need to be pre-approved before the change

Number of Hours worked: total number of hours for the date entered only

Total Pay for the Day: Pay rate times the number of hours worked equals the total pay.

Bottom of page: Provider is responsible for providing all information on each sheet. Different providers should use separate sheets. Logs need to be signed by the provider and by the consumer/family member. Logs without signatures will be returned and not processed until completed. **Statement of pay must be completed. LOGS and statement of pay must match.**

Logs need to be submitted by the 15th of the month following the month of service for payment. If not submitted on time, no payment will be issued.

If there are any questions, please contact your service coordinator or IHFS Coordinator at (830) 792-3300 or 819 Water Street Suite 300, Kerrville, Texas 78028.