DEVELOPMENTAL DISABILITIES COMMUNITY SERVICES (DDCS)

Service Verification / Attendance Record for Alternative Living Providers

Service Verification / Attendance Record for Alternative Living Providers

CLIENT'S NAME	SERVICE PROVIDER'S NAME	CASE RESOURCE MANAGER'S NAME	SERVICE MONTH	YEAR

	DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	**TIME SERVICE BEGAN**	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
B	**TIME SERVICE ENDED**	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
C	**TOTAL HOURS EACH DAY**																
D	**PROVIDER MILEAGE**																

	DAY OF MONTH	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MONTH TOTALS
A	**TIME SERVICE BEGAN**	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	
B	**TIME SERVICE ENDED**	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM	
C	**TOTAL HOURS EACH DAY**																
D	**PROVIDER MILEAGE**																

CLIENT / PARENT / GUARDIAN'S SIGNATURE	DATE	SERVICE PROVIDER'S SIGNATURE	DATE

Instructions: This form is used for daily tracking of provider service hours and miles for a client.

This form must be signed at the end of each month after service are rendered, but no later than by the tenth day of the month following the reporting period.

A. Enter time service began: Indicate AM or PM as appropriate.

B. Enter time service ended: Indicate AM or PM as appropriate.

C. Provider Mileage: If authorized in the client's PCSP, enter miles traveled with the client in the car necessary to work on the client's goals.

D. Maintain completed forms in your records for six (6) years. Copies may be requested by DDCS / DSHS at any time.

This form is available on the DSHS forms internet site at: https://www.dshs.wa.gov/fsa/forms.