

## 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	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM		
	B	TIME SERVICE ENDED	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> 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	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM	: <input type="checkbox"/> AM <input type="checkbox"/> PM			
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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 DDA / DSHS at any time.

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