



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	<input type="checkbox"/> AM <input type="checkbox"/> PM	
B	TIME SERVICE ENDED	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
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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			
B	TIME SERVICE ENDED	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:			
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C	TOTAL HOURS EACH DAY																		
D	PROVIDER MILEAGE																		
CLIENT / PARENT / GUARDIAN'S SIGNATURE								DATE		SERVICE PROVIDER'S SIGNATURE								DATE	

Instructions

- 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: Enter miles traveled for the purpose of providing service when authorized per ProviderOne and noted in the client's PCSP.
- D. Maintain completed verification forms in your records for six (6) years. Copies must be submitted monthly to the client's case manager. Copies may also 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>.