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|  | | | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **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 DDA / DSHS at any time.  This form is available on the DSHS forms internet site at: <https://www.dshs.wa.gov/fsa/forms>. | | | | | | | | | | | | | | | | | | | | | | |