

Consumer Directed Services Service Delivery Log with Written Narrative/Written Summary

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Program								Participant Name				
Pay Period								Employer Name				
Service Provid	ler Name				Service Type		1					
					PAS SHL	R		ommunity Support Residential Habilit				
Service Date	Time In (AM or PM)	Time Out (AM or PM)	Time In (AM or PM)	Time Out (AM or PM			Place of Service		ten Narrative e on next page, if needed.			
	•	1	!	Total Ho	urs			1				
The employer of the employee a	and employer ce	rtify that the infor	mation provided a	ment Service above is comp	s Agency (FMSA) fo plete and accurate ar	r time nd und	derstand that s	e employee while the individual was in the hubmitting a false or fraudulent time sheet co	ould result in a Medicaid fra	ud referral.		
Signature — Service Provider Da								nature — Employer or Designated Represe	ntative (DR)	Date		
Service Type:							FMSA Use	Only				
Hours Reg at per hour				Hours Sick								
Hours OT at per hour			r	Hours Holiday								
Hours Vacation Other					Bonus							
Time sheet:		ble Unac	ceptable F	Return to em	ployer							
Notes:					. ,			FMSA:				



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Services							
Program			Participant Name				
Pay Period			Employer Name				
Service Provider Name		Service Type					
		PAS SHL Respite Community Support Residential Habilitation Other					
Service Date Place of Service			Written Narrative				
Signature -	— Service Provider	 Date	Signature — Employer or DR	Date			