



Day Activity and Health Services
Daily Attendance Record

Name of Facility	Vendor No.
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CLIENT NAME		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		TOTAL UNITS OF SERVICE
		Date		Date		Date		Date		Date		
		Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
1.	In											
	Out											
2.	In											
	Out											
3.	In											
	Out											
4.	In											
	Out											
5.	In											
	Out											
6.	In											
	Out											
7.	In											
	Out											
8.	In											
	Out											
9.	In											
	Out											
10.	In											
	Out											
11.	In											
	Out											
12.	In											
	Out											

I hereby certify that this is a correct daily attendance record for DADS clients.

 Signature—Facility Representative

 Date