Provider Name:	HCBS/FE ADULT DAY CARE LOG	Customer Name:

Date	Start Time:	End	Total	Customer		
(MM/DD/YY):		Time:	Hours:	Initials:		
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Date	Start Time:	End	Total	Customer		
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Customer Signatu	ıre:					
Comments:						
I certify this in	nformation is correct a	nd the above docum	nented days were			
I certify this information is correct and the above documented days were provided:						
	provi	iucui				
Authorized Staff Nam	ne (Print) Autho	rized Staff Signature	_			