GIV/ITAN			Indiv	t			F	Pay Pe	riod:														
FOU	NDATIO		Employ	ee Name:						Cli	ient N	ame:											
			Service	Provided:	Habilit	tation (HAH)	)	_	Att	enda	ant Ca	re (Al	NC or A	۹FC)			_		Resp	oite (	(RSP)		
DISCLAIME retained in Violations n employees,	ut a separate sh R: To transport c employee's pers nay also result in and will not take	lients in any veh onnel file. Client termination of e responsibility f	icle, emplo must wear employmer or replacen	yees must har seat belt and it. Civitan doe nent of any re	ve prior ad d adhere to es not reco elated item	ministrative a vehicle safet mmend or co s.	pproval, and y at all times ndone the ex	carry p . Failure	proof of e to abic	insur le by	ance a these i	nd regi egulat	stratior ions wi	n at al II resu	times It in th	. Copie ne loss	es o of t	of this i cranspo	nform ortatic	ation on pri	vileges	i.	
Date	Time In	Time Out	НАН	ANC	AFC	RSP	Total	•															
							By signing this document, I certify that all entries contained herein are accurate. I recognize that fraudulent entries will not be tolerated, and processing will not occur unless all signatures are obtained and this timesheet is submitted by 5 pm at the end of the billing period.												ize				
								Emp	ployee S	ignat	ure:												
								•		D	ate:												
								Upon review of this document, I certify that all entries herein are accurate and all claimed services have been provided, thereby authorizing listed hours. Parent/Guardian Signature:										b					
											D	ate:											
Totals								l															
month, con	Programs: If yo ppleting Civitan's must be submitt	"Monthly Habil	itation Sum	mary" docum																			
Data Key:	4= (Independe	nt) 3= (Ve	erbal Prom	npt) 2=	(Physical	Prompt)	1= (Hand	Over I	Hand)		0= (Re	fusal)						<u> </u>					
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<b>EIVITAN</b>			Individual Billing Document							Ра	ay Pe	riod:											-
			Employee Name:				Client Name:																_
			Service	Provided:	Habili	tation (HAH)	)		Atter	ndant	t Care	e (AN	C or A	FC)				Resp	oite (	RSP)			
DISCLAIME retained in Violations n	ut a separate sho R: To transport cl employee's perso nay also result in and will not take	ients in any veh onnel file. Client termination of e	cle, employ must wear mploymen	vees must ha seat belt an t. Civitan do	are necess ave prior ac d adhere to es not reco	ary for habilita Iministrative a p vehicle safety mmend or cor	a <b>tion docum</b> pproval, and y at all times.	<b>entati</b> carry Failui	<b>on, ple</b> proof e to al	e <b>ase n</b> of insu bide b	umbe urance by thes	e <b>r each</b> e and r se regu	egistra	t <b>in the</b> ation a s will r	e <b>uppe</b> It all tir result i	<b>r righ</b> mes. <b>C</b> n the	<b>t corn</b> Copies Ioss o	<b>her (i.e</b> s of th of tran	<b>e. "1 o</b> is info sporta	<b>f 2").</b> ormation ation p	on mu privileg	st be ges.	
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Totals																							
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