



Individual Billing Document

Pay Period: _____

Employee Name: _____

Client Name: _____

Service Provided: Habilitation (HAH) _____

Attendant Care (ANC or AFC) _____

Respite (RSP) _____

Please fill out a separate sheet for each client. If additional sheets are necessary for habilitation documentation, please number each sheet in the upper right corner (i.e. "1 of 2").

DISCLAIMER: To transport clients in any vehicle, employees must have prior administrative approval, and carry proof of insurance and registration at all times. Copies of this information must be retained in employee's personnel file. Client must wear seat belt and adhere to vehicle safety at all times. Failure to abide by these regulations will result in the loss of transportation privileges. Violations may also result in termination of employment. Civitan does not recommend or condone the exchange of personal items, including house keys, between parents/guardians and Civitan employees, and will not take responsibility for replacement of any related items.

Date	Time In	Time Out	HAH	ANC	AFC	RSP	Total
Totals							

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.

Employee Signature: _____

Date: _____

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: _____

Date: _____

Habilitation Programs: If you are providing habilitation, you must complete the table below, using the data key, for each objective. You must also summarize your client's progress at the end of each month, completing Civitan's "Monthly Habilitation Summary" document. Your monthly summaries must be turned in the 1st of each month, no later than 5 pm. If the 1st falls on a weekend or holiday, summaries must be submitted the next business day by 5 pm.

Data Key: 4= (Independent) 3= (Verbal Prompt) 2= (Physical Prompt) 1= (Hand Over Hand) 0= (Refusal)

Objective:	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Data															
	Initials															
Objective:	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Data															
	Initials															
Objective:	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Data															
	Initials															



Individual Billing Document

Pay Period: _____

Employee Name: _____

Client Name: _____

Service Provided: Habilitation (HAH) _____ Attendant Care (ANC or AFC) _____ Respite (RSP) _____

Please fill out a separate sheet for each client. If additional sheets are necessary for habilitation documentation, please number each sheet in the upper right corner (i.e. "1 of 2").

DISCLAIMER: To transport clients in any vehicle, employees must have prior administrative approval, and carry proof of insurance and registration at all times. Copies of this information must be retained in employee's personnel file. Client must wear seat belt and adhere to vehicle safety at all times. Failure to abide by these regulations will result in the loss of transportation privileges. Violations may also result in termination of employment. Civitan does not recommend or condone the exchange of personal items, including house keys, between parents/guardians and Civitan employees, and will not take responsibility for replacement of any related items.

Date	Time In	Time Out	HAH	ANC	AFC	RSP	Total
Totals							

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.

Employee Signature: _____

Date: _____

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: _____

Date: _____

Habilitation Programs: If you are providing habilitation, you must complete the table below, using the data key, for each objective. You must also summarize your client's progress at the end of each month, completing Civitan's "Monthly Habilitation Summary" document. Your monthly summaries must be turned in the 1st of each month, no later than 5 pm. If the 1st falls on a weekend or holiday, summaries must be submitted the next business day by 5 pm.

Data Key: 4= (Independent) 3= (Verbal Prompt) 2= (Physical Prompt) 1= (Hand Over Hand) 0= (Refusal)

Objective:	Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Data																
	Initials																
Objective:	Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Data																
	Initials																
Objective:	Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Data																
	Initials																