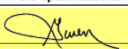


### Supported Home Living Providers,

Highlighted and marked with red arrows are the required fields you must complete when filling out a service delivery log. It is important for billing and audit purposes that these forms are filled out accurately and entirely. **Most common fields left blank include: Date, Time In/Out, Signature, and Place of Service.** If you have any questions on how to complete these forms, please contact our office at **214-741-6359**. Thank you for your help and cooperation.

#### Home and Community-based Services Supported Home Living/Community Supports

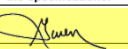
Individual Name (First, Last)		Local Case No./CARE ID		Staff ID No. (If Applicable)					
JOHN DOE		12345		(If Applicable)					
Date of Service mm/dd/yyyy	Begin Time	End Time	Total Time	Location	No. of Individuals	Staff Signature: I certify that I provided the services recorded and completed all work according to the specifications.	No. of Staff	Enter code for all services provided.	Billable Units
5/27/13	8:00 a.m.	12:00 p.m.		12				1,2,3,4,5...	
<b>Date</b> Enter comments for any incidents, concerns or special events that occurred.									
5/27/13	John was very aggressive today. He tried to bite and hit me. while I helped him get dressed.								

Activities of Daily Living	Code	Non Face-to-Face Activities	Code	Location	Code
Bathing	1	Shopping for the Person	18	School	3
Dressing	2	Planning or Preparing Meals	19	Office	11
Personal Hygiene	3	Housekeeping	20	Home	12
Eating	4	Procuring/Preparing Medications	21	Outpatient Hospital	22
Meal Planning	5	Securing Transportation	22	Independent Clinic	49
Meal Preparation	6		23	Other Place of Service	99
Housekeeping	7		24		
Independent Living Skills	8		25		
Develop Socially Valued Behavior	9		26		
Community Activities	10		27		
Use of Natural Supports	11		28		
Teach Leisure Time Activities	12		29		
IP Skill Development	13		30		
Assist with Ambulation & Mobility	14		31		
Reinforce Specialized Therapies	15		32		
Transportation	16		33		
Administration of Medication	17		34		

### Proveedor de Cuidado,

Las zonas marcadas son las áreas obligatorias que debe completar al llenar una nota de servicios. Es importante para los fines de facturación y auditoría que estas formas sean llenadas con claridad y completamente. **Las secciones más comunes incompletas incluyen: fecha, hora de entrada/salida, la firma, y lugar de servicio.** Si usted tiene alguna pregunta sobre cómo completar estas hojas, por favor de comunicarse a la oficina al **214-741-6359**. Gracias por su ayuda y cooperación.

#### Home and Community-based Services Supported Home Living/Community Supports

Individual Name (First, Last)		Local Case No./CARE ID		Staff ID No. (If Applicable)					
JOHN DOE		12345		(If Applicable)					
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