

DIVISION OF DEVELOPMENTAL DISABILITIES
**Service Verification/ Attendance Record
For Alternative Living Providers**

CLIENT'S NAME		SERVICE PROVIDER'S NAME						CASE RESOURCE MANAGER'S NAME					SERVICE MONTH	YEAR			
DAY OF MONTH		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
A	TIME SERVICE BEGAN																
B	TIME SERVICE ENDED																
C	TOTAL HOURS EACH DAY																
D	PROVIDER MILEAGE																
DAY OF MONTH		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
A	TIME SERVICE BEGAN																
B	TIME SERVICE ENDED																
C	TOTAL HOURS EACH DAY																
D	PROVIDER MILEAGE																
CLIENT/PARENT/GUARDIAN SIGNATURE		DATE		SERVICE PROVIDER SIGNATURE					DATE								

INSTRUCTIONS:

- A. Enter time service began - indicate AM or PM as appropriate.
- B. Enter time service ended - indicate AM or PM as appropriate.
- C. Provider Mileage: Enter miles traveled for the purpose of providing service when authorized per SSPS and noted in the client's support plan.
- D. Maintain completed verification forms in your records for six (6) years. Copies must be submitted monthly to the client's case manager. Copies may also be requested by DDD/DSHS at any time

This form is available on the DSHS forms internet site at:

<http://www.dshs.wa.gov/msa/forms/efoms.html>

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INFORMATION FOR CASE MANAGER/SOCIAL WORKER:

This form is to be used by independent contractors of alternative living services.

The form is a monthly time sheet for the provider and must be used to document the actual time the provider has worked for the client and mileage incurred while providing specific services.

Services and mileage must be pre-approved by the client's case manager/social worker and must be included in the client's individual support plan (ISP). The amount of hours and/or mileage included on the time sheet should not exceed the amount approved in client's ISP.

The client/representative must sign and date the completed time sheet each month. The provider should give a copy to the client/representative. A copy must be submitted each month to the client's case manager.

Use of this form is required by the provider's DSHS contract.

Case managers/social workers should provide a copy of this form to providers when hired by the client/representative. Providers can make copies as needed. Download copies from the internet or request additional copies from the case manager/social worker.