INDIVIDUAL BILLING DOCUMENT

CIRCLE SERVICE PROVIDED
Resipte
Habilitation
Attendant Non-family Care
Attendant Family Care

CIVITAN FOUNDATION

For Bill Perod:
Consumer Name: Direct Care Staff:
Consumer ID: ***Use one sheet per consumer, per service (circle service above)***

Record total hours worked at the bottom of the page. All information is required.

Date	In		Out		**SERVICE DESCRIPTION BOX. Examples: Went to movies, did consumers laundry, worked habilitation on goals**	Total Hours	Resp. Initials
		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			
		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			
					Total Hours		

By signing below,
I acknowledge that entries are accurate and that I am financially responsibile for payment of hours used in excess of authorized hours.

Signature of Responsible Person: Date:
Signature of Provider: Date:

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