

PARENT'S NAME				SSN				CHILD'S NAME					
PROVIDER'S NAME				SSN				DATE OF BIRTH		FEE PAID? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIMITED PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DAY	DATE	IN	OUT	IN	OUT	IN	OUT	AUTHORIZED SIGNATURE				HOURS	
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
								TOTAL WEEKLY HOURS					
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
								TOTAL WEEKLY HOURS					
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
								TOTAL WEEKLY HOURS					
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
								TOTAL WEEKLY HOURS					
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
								TOTAL WEEKLY HOURS					
FULL TIME WEEKS (FT)		PART TIME WEEKS (PT)		LESS THAN 7 HOURS OR OVER 50 HOURS				TOTAL WEEKLY HOURS					
# OF FT WEEKS	# OF FT-NT WEEKS	# OF PT WEEKS	# OF PT-NT WEEKS	ANY WEEKS LESS THAN 7 HOURS, OR OVERAGE OF 50+ HOURS, LIST THE TOTAL NUMBER OF HOURS		ANY WEEKS LESS THAN 7 HOURS, OR OVERAGE OF 50+ HOURS & NON-TRADITIONAL, LIST # OF HOURS		FULL TIME TOTAL \$ _____					
_____	_____	_____	_____	_____		_____		PART TIME TOTAL (+) \$ _____					
FT WK RATE	FT WK -NT RATE	PT WK RATE	PT WK-NT RATE	HOURLY RATE _____		HOURLY RATE _____		HOURLY TOTAL (+) \$ _____					
_____	_____	_____	_____	_____		_____		COPAYMENT (-) \$ _____					
TOTAL \$	TOTAL \$	TOTAL \$	TOTAL \$	TOTAL \$		TOTAL \$		GRAND TOTAL \$ _____					
I HEREBY VERIFY THE ABOVE SIGN IN/SIGN OUT TIMES AS BEING ACCURATE AND REPRESENTATIVE OF ACTUAL SERVICES RENDERED.				DATE: _____									
				PROVIDER'S SIGNATURE: _____									