

TARC Self-Determination (SD) Attendance Record for Day Services for Beneficiary (first & last) _____

MONTH: _____ 2020 Pay Period From: _____ through _____ Personal Administrator Name: _____

DATE (mm/dd/yy)	Day Supports Time In & Out (AM/PM)	Total Day Service Hours	Description V = Volunteer R = Recreation W = Work S = Social SH = Shopping E =	Location of Day Service(s)
<i>EXAMPLE:</i> 1/01/2012	7:00 AM 9:00 AM	2	R & SH	example: Library

KEY:
Day Supports
Time In and Time Out hours document when Day Supports were provided on this date (and/or that the provider was available to provide supports). Day Supports are provided outside the home (unless the beneficiary has a medical exception from a physician documented within the last 185 days or the beneficiary operates a home-based business).

THIS ATTENDANCE RECORD IS FOR MEDICAID BILLING PURPOSES ONLY!
THIS IS NOT A TIMESHEET

Personal Administrator Signature: _____ DATE: _____	SD ONLY: SD Signature: _____ SD Date: _____ Day units _____
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