			ntial for Beneficiary (first & last)
MONTH:	DATE (mm/dd/yy) EXAMPLE: 11/01/2011	Pay Period From: through Description of RESIDENTIAL Service provided	KEY: RESIDENTIAL SUPPORTS: In order to bill Medicaid for the daily rate a service/support must be physically provided at the residence of the person supported and documented. Below is a list of approved description codes: C = Cleaning
	17072011		
			THIS ATTENDANCE RECORD IS FOR MEDICAID BILLING PURPOSES ONLY! THIS IS NOT A TIMESHEET
			SD ONLY: Residential Units
Personal Administrator Signature Date:		Date:	SD Signature: SD Date: