

ACS Daily Service Log

CONSUMER NAME: _____ CONSUMER NUMBER: _____

DATE (MM/DD/YY)	CODE:	START TIME w/ (AM or PM)	STOP TIME w/ (AM or PM)	If an overlapping service is not supported by the PCP under a designated code, then you must receive consent from your supervisor prior to working the overlapping service. If you choose to work without consent, then it may not be billable/payable. IN: OUT: Initials: _____
CLS and/or Respite Objective addressed: with description of independence, behavior, or guidance needed.				
Employee Signature (with credentials):				

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Parent/Guardian Signature: _____ **Date:** _____

I understand that by signing the above documentation, I am verifying that the hours have been reviewed by myself and they are 100% accurate.

For further information on CLS and Respite, see reverse side