



Independence is Our Goal

Provider ID# 692710696

Office Use Only:
SS#:
Medicaid#:

Circle One: Life Skills Development (Community Inclusion) –S5135UC Personal Supports-S5130UC Behavior Assistant- H2019UCHM Supported Living- 97535UC Life Skills Development Level 2-(Supported Employment Individual)-T2021UCHI Respite-S5151UC

Daily Service Progress Notes

Consumer's name: _____ **Service Provider:** _____

Consumer's Goal:

Day	Date	Time In	Time Out	Total	Client's or Guardian's Signature
Monday		AM PM	AM PM		
Tuesday		AM PM	AM PM		
Wednesday		AM PM	AM PM		
Thursday		AM PM	AM PM		
Friday		AM PM	AM PM		
Saturday		AM PM	AM PM		
Sunday		AM PM	AM PM		

Total Worked _____

*I recognize the rights of Central Care Services, Inc. as the authorized provider and I certify that the hours shown above are correct and that the service provider performed satisfactorily.

**I certify that the hours shown above accurately represent my total hours worked, and that they were properly verified by the client or an authorized representative. I also certify that if I misrepresent my hours Central Care Services, Inc is therefore is entitled to recoup my compensation.

Service Provider's Signature

Date

***Service Logs must be accompanied by all required case notes & documentation. Service logs will not be processed without adequate case notes. Please have all completed service logs turn-in by **Monday** after each week of service.

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