REAL CARE, INC.

MEDICAID RESIDENTIAL ATTENDANCE RECORD

Provider (Family Caregiver and Host Home)

Month _____ Year _____

Provider's Name: _____ Person Receiving Services: _____

Residential:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Transportation:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AM																															
PM																															

Please Indicate above with an "**X**" on the days FCG provided services to individual named above.

Total # of days residential services were provided to individual named above by the family caregiver: _____

Special Codes:

E	=	Enrollment / Admission Date	**R**	=	Respite	**T**	=	Termination / Discharge Date
X	=	Client in Residence	**V**	=	Visit to Family, Friends or Special Program	**VT**	=	Vacant Days Due to Termination
H	=	Hospital Day / Nursing Home	**I**	=	Ineligible Days	**J**	=	Incarceration

Participation Certified: _____

Name Title Phone No. Date

DUE TO REAL CARE, INC. BY THE 22nd OF EACH MONTH

timesheets@realcarecolorado.com

SUBMIT

303.284.5818 office
303.815.2822 emergency (after hours)
720.242.6282 fax