Employee: _____ **Consumer:** _____ **Agency:** BABH

Print Full Name *Print Full Name*

Pay Period: ___/___/___ to ___/___/___

DATE	START TIME	AM/PM	STOP TIME	AM/PM	HOURS	CLS H2015	Service Note-Narrative Statement of Supports Provided

*My signature below certifiles that I have reviewed this information and to the best of my knowledge it is true and complete. It also certifies that I, the Consumer or Consumer Representative, knowingly provide service note information to my Fiscal Intermediary, waiving any confidentiality claims.

Total Hours: _____

Consumer Representative or Consumer Signature: _____ **Date:** _____ **Phone:** _____

Employee Signature: _____ **Date:** _____ **Phone:** _____