

Cost Center #:

## Residential Attendance Log

For the month/year of: \_\_\_\_\_

Name of Residence, Address & Phone Number:

Attendance Codes:

- Code P = Present at Midnight Census
- Code 1 = Absent at Midnight - Vacation
- Code 2 = Absent at Midnight – Visitation
- Code 3 = Absent at Midnight – Hospital
- Code 4 = Absent at Midnight – Respite
- Code H = Holiday

**Directions:** Please fill in the month, year, your company information, and the cost center code in the spaces provided.

Please fill in the name of the individual ~ last name first, in alphabetical order ~ in the column entitled client name.

Please fill in the dates of service with either of the following codes located at the left.

Please do not leave any days blank and sign and date the form.

Please submit the 1<sup>st</sup> and 2<sup>nd</sup> half of the month on separate forms.

If submitting multiple clients on one form, please use a separate form for

**Clients** with different cost center numbers.

**ABSENT:** Indicate name, date, departure and return time in the space provided.

Please use email button or send as attachment to: [mzoccoli@communitybridgesnh.org](mailto:mzoccoli@communitybridgesnh.org) Forward to Community Bridges Attn: Medicaid Billing, 2 Whitney Road, Concord, NH 03301 or Fax # 603-565-1092/603-223-9917. **Attendance is due no later than the 10<sup>th</sup> of the month for the 16<sup>th</sup> thru the end of the previous month and no later than the 20<sup>th</sup> for the 1<sup>st</sup> thru the 15<sup>th</sup> of the current month.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1. Maria check box and enter date verified.
2. Manager name and date of approval
3. Who sent to business office and Date