

Cost Center #:

Community Bridges
Residential and Day Services
Supported Employment Attendance Log

For the month/year of : _____

Retain a Copy at: _____ :

Attendance Codes:

in boxes=# of ¼ hr.units of direct service

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 1st and 2nd 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.

Community Bridges

2 Whitney Road

Concord, NH 03301

Please use email button or send as attachment to: 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 10th of the month for the 16th thru the end of the previous month and no later than the 20th for the 1st thru the 15th of the current month.**

Signature

Date

NOTES

Check Box and Enter Date when Maria Verifies
Check Box and Manager Name and Date when approved by Manager
Check Box and Date when sent to Business Office and By whom.