

FUTURES COMMUNITY SUPPORT SERVICES, INC.

SERVICES RENDERED

RESIDENTIAL, LIFE SHARING, AND HOME COMMUNITY ONLY

CONSUMER NAME: _____

PERIOD COVERED: _____

PROVIDER NAME: _____

<input checked="" type="checkbox"/> Check	Type of Service	Provider Days	Therapeutic Days	Medical Leave Days	Temp Vacancy Days	Permanent Vacancy Days	H & C Hours	Alternate Days
<input type="checkbox"/>	Residential							
<input type="checkbox"/>	Life Sharing							
<input type="checkbox"/>	Home & Community							

Detail for ALL days other than Provider days:

Dates/Times	Therapeutic Days	Medical Leave Days	Temp Vacancy Days	Permanent Vacancy Days	H & C Hours	Alternate Days
Totals						

Approval Signature: _____

Date: _____