Participant Name:			Wood County Human Services Department/Child					it Reimburse	ment/A	activity Log
Date	*L.O.S. PH EH COM	**S.T. CC SHC RC	Start Time	End Time	Total Hours Worked	Description of services provided, activities that occ Examples: dress/undress, bathing, oral hygiene, skin ocatheter care, splints/braces, medication(s), eating assi transfer(s), exercises, went for a walk, went swimming movie or basketball game, happy, sad, had a meltdown	care, nail care, stance, safety g, went to a re	toileting, incontine precautions, help we creational activity li	rith ke a	(For office use only)Total Wage(s) hourly and/or daily
<ul> <li>This form provides clear documentation as to how to the second of time worked could be vie</li> </ul>					ould be vie	ewed as Medicaid fraud.	For office use only:  HIPAA Total Hours=			
• By Si	gning thi	s iorm, i	attest tha	at 1 nave	reviewea t	this information and it is accurate.	HIPAA	Total D	Pays=	
Employee name:			Employee Signature:					☐ Jen Atwood	_	ise Klosinski
	s Hourly R	<u></u>		•	Rate = <u>\$</u>	(rate if services exceed 11 hours in a 24 hour period	d of time)	☐ Jack Farris	∐ Celo	ena Wanca-Netzow
*L.O.S. = Location of Service PH = Participant's Home EH = Employee's Home COM = Community			**S.T. = Service Type CC = Child Care SHC = Supportive Home Care RC = Respite Care  Wood County Human Serv 111 W. Jackson Street Wisconsin Rapids, Wiscon (For office use only: CCOP)						et Tisconsin 5	-