DEVELOPMENTAL ENRICHMENT CENTERS

HABILITATION SERVICES CLAIM FORM

16809 N. 53rd Avenue, Suite 2
Glendale, AZ 85306
Office: 602- 993-5153 Program: 602-341-4214
Office Fax: 602-993-5163 Program Fax: 602-314-4564
E-mail: info@dec-az.com

Provider Name: ______________________________

Client Name: ______________________________

Authorized Units: ____________________

Pay Period: ____________________ **To** ____________________

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS	COMMENTS/CONCERNS	CLIENT INITIALS

Pay Period Total ________

I certify that the time shown is true and correct and was worked by myself during the week indicated and properly cerrified by the client's representative. All required client documentation is being submitted with this timesheet. I have not been injured during the course of my job.

I certify that the employee worked the time indicated and that the work was performed in a satisfactory manner.

______________________________ **Employee Signature**

__________ **Date**

______________________________ **Clients Signature (Clients Represenative)**

__________ **Date**