PROVIDER SIGN-IN SHEET

Navy Respite 645 4th Str. #202 Bremerton, WA 98337 (360) 479-3489

Once Respite Care is complete for the month please scan to ***attendancenr@lcsnw.org***

This Provider Sign-In Sheet records ACTUAL hour worked in a family home. It needs to be signed by the Sponsor, confirming ACTUAL hours worked and by each provider serving your family. At month's end please scan to the office. The signed and scanned form is then returned and stored in the Family Binder for use to assist the family when verifying hours during random quality assurance calls.

Family Name: _____ Month: _____

Name (All providers sign in on this sheet)	**Date**	**# of Kids** EFM Child present	**Start Time**	**End Time**	**Hours Used**	**Available Hours = 40**

Was Medication Dispensed by Provider this Month? ___Yes ___*No (If yes attach scan of Medication Log)*

Parent Signature _____ Scanned Date _____

Provider Signature _____ Provider Signature _____

Provider Signature _____ Provider Signature _____