

## Medicaid Provider Report

**Consumer:** \_\_\_\_\_ **Pay Period:** \_\_\_\_\_ **Provider:** \_\_\_\_\_

Parent/Guardian:

All areas of care have been discussed thoroughly. I give permission for the provider to provide care and administer medication to my child for this pay period. I understand that all overtime hours must be approved prior to the provider working overtime.

\_\_\_\_\_  
Parent/Guardian Signature\*

\_\_\_\_\_  
Date

*For Office Use only:*

*Billed: \_\_\_\_\_ Tracked: \_\_\_\_\_ Initial: \_\_\_\_\_*

*\*Must be signed at the beginning of the pay period.*

Check one:  In-Home Supports       Day Habilitation       Respite

Day	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
<b>Date</b>														
<b>Start</b>														
<b>Finish</b>														
<b>Total</b>														
<b>Parent Initial</b>														

Check one:  In-Home Supports       Day Habilitation       Respite

Day	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
<b>Date</b>														
<b>Start</b>														
<b>Finish</b>														
<b>Total</b>														
<b>Parent Initial</b>														

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**This report is to be completed in full (with all signatures) or will not be accepted.**

Location of Service (check all that apply): Home \_\_\_\_\_ Community \_\_\_\_\_

Did you assist the consumer with any of the following items? (Please check all that apply)

Day of Week	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
<b>Date</b>														
<b>Personal Care:</b>														
Dressing/ Undressing														
Bathing														
Grooming														
Toileting														
Feminine Hygiene														
<b>Specialized Care:</b>														
Seizures														
Trach care														
G-Tube/J-Tube care														
Suctioning														
Ostomy care														
Orthotic use														
Range of Motion														
Adaptive Equipment														
<b>Meals/Snacks/Feedings:</b>														
Meal Preparation														
Eating or nutritional intake														





