

Attendant/Child Care Provider Log

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Note to Consumer: Please have your attendant/child care provider fill out this form daily. At the end of the month of service, have the provider sign, date, and return the completed log to you. Complete the enclosed Expense Reimbursement Log (ERL), sign, date and attach a copy of the log to the ERL. Mail the ERL to your counselor in the enclosed self-addressed envelope.

Consumer Name

Month & Year

Total Number of Days	Total Hours
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Please write in the total hours each day for which attendant/child care was provided.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								

Total Cost

Total Monthly Hours _____ X \$ _____ (rate per hour) = \$ _____

Attendant/Child Care Provider Signature

Date Signed

Address

Phone Number