Exceptional Expectations, L.L.C.

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Helping families put together the pieces.

Habilitation Time Sheet

Client _____ Month _____

Independent Contractor _____

Use black or blue ink ONLY. No white out. Must write AM or PM. Round to the nearest quarter hour. Use decimals.

Date	Time In	Time out	# of Hours	Initials	Date	Time In	Time Out	# of Hours	Initials
Total Hours:				Parent/Guardian must initial each time entry and all mistakes/mark outs					

Time sheets are due by the 2nd of the month. We certify that these times accurately reflect the habilitation services provided and that habilitation services DO NOT EXCEED 8 hours per day or 40 hours per week. We certify that a detailed daily record of progress is maintained at the service site and will be submitted to the office quarterly. We certify that no medications or transportation have been provided without prior approval from Exceptional Expectations, L.L.C. and that services were provided only for the individual approved/eligible for services by DDD.

*** Guardian/parent acknowledges that he/she is responsible for any habilitation service hours which exceed the number of habilitation service hours allocated to them by DDD.

Independent Contractor Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Time sheets will NOT be processed without both signatures.

Revised July 2008