WAIVER DOCUMENTATION FOR HOMEMAKER/PERSONAL CARE SERVICES MONTHLY

		WAIVER RECIPIENT:											ADDRESS:										COUNTY:											
	ME	DIC	AID	#:						_PRC	VIDEF	R NAM	1E:	E: PROVIDER VEN										DOR#: DODD CONTRACT#										
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DAILY	1	2	3	4	<mark>5</mark>	<mark>6</mark>	7	8	9	<mark>10</mark>	<mark>11</mark>	<mark>12</mark>	<mark>13</mark>	<mark>14</mark>	<mark>15</mark>	<mark>16</mark>	<mark>17</mark>	<mark>18</mark>	<mark>19</mark>	<mark>20</mark>	<mark>21</mark>	<mark>22</mark>	<mark>23</mark>	<mark>24</mark>	<mark>25</mark>	<mark>26</mark>	<mark>27</mark>	<mark>28</mark>	<mark>29</mark>	<mark>30</mark>	<mark>31</mark>
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QUARTERL	QUARTERLY/YEARLY						JANUARY			FEBRUARY			Al	APRIL		MAY		JU	LY	AUGUST		SEP.	SEPTEMBER			OBER	1	IOVEM	BER	DI	DECEMBER				
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MONTH/	/YEA	R				s	TAN	DARI	O STAFFING RATION: 1:1, 1:2 TRAINING RATIO: 1:1 (REQUIRED ONLY IF OTHER CONSUMERS NEEDS COU													JLD N	ОТ ВЕ	MON	ITORI	ED									
CONCUR	REN	TLY)																																	
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*Reviewed UI/MUI for trends/patterns: (list d								-1-4		iai a la c	Indiana I i	·				INI	TIALS																		
	Revie	wed		UI fo		ıas/pa	ittern	s: (list _ WK3		and in		blanks K4		MONTI	H	(QUARTE	RLY		,	YEARLY														