



Yedei Chessed
 141 Lafayette Avenue
 Suffern, NY 10901
 Tel: 845-425-0887 Fax: 845-694-5450
 www.yedeichessed.org

Community Habilitation Indirect Activity Log

For Month/Year: _____

Staff's Name:

Self Directed Person's Name: James Luciano Michael Luciano

Self Directed Person's Medicaid #: FN25089M DY63629W

Service Date(s) and hours worked each day:

Date	Start Time	End Time	# Of Hours	Activity

Signing and submitting false information may lead to a charge of fraud:

Signature	Print Name	Initials	Date	Title
<i>Helen Z. Luciano</i>	Helen Luciano	HL		Com Hab Staff
				Person/Designee