



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

Community Habilitation
Indirect Activity Log
 For Month/Year: _____

Staff's Name:

Self Directed Person's Name: Devin Dahl

Self Directed Person's Medicaid #: EH49382M

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>Magaly Olivero</i>	Magaly Olivero	MO		Com Hab Staff
				Person/Designee