Yedei Chesed
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Suffern, NY 10901
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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
Helen Z. Luciano	Helen Luciano	HL		Com Hab Staff
				Person/Designee