



Yedei Chesed
 141 Lafayette Avenue
 Suffern, NY 10901
 Tel: 845-425-0887 Fax:845-694-5450
www.yedeichesed.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		Person/Designee
				Com Hab Staff