



**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:** 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		Person/Designee
				Com Hab Staff