



**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:**

Devin Dahl

James Luciano

Michael Luciano

**Self Directed Person's Medicaid #:**

EH49382M

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>Magaly Olivero</i>	Magaly Olivero	MO		Person/Designee
<i>Helen Z. Luciano</i>	Helen Luciano	HL		Person/Designee
				Com Hab Staff