



Yedei Chessed
 141 Lafayette Avenue
 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		Com Hab Staff
<i>Helen Z. Luciano</i>	Helen Luciano	HL		Com Hab Staff
				Person/Designee