MAIL TO:
MEDINA COUNTY BOARD OF MR/DD
ATTN: CAREY BATES
4691 WINDFALL ROAD
MEDINA, OHIO 44256

SUPPORTED LIVING TIME SHEET

MONTH	**YEAR:**	**PRINT NAME:**					
DATE	**CLIENT NAME**	**TIME IN**	**TIME OUT**	**TOTAL HOURS**	**RATE/HR**	**SERVICE CODE(S)**	**PARTICIPANT SIGNATURE VERIFYING SERVICE**
	GRAND TOTALS:					$ -	

I CERTIFY THAT THE ABOVE HOURS SUBMITTED ARE TRUE AND CORRECT.

Provider Signature: _____ Social Security No. _____

Address: _____ Telephone Number: _____

Date: _____

PLEASE SUBMIT FORM AT END OF EACH MONTH FOR BILLING CONFIRMATION.