Kids First Evaluation and Advocacy Center, Inc.

1014 Grand Blvd. Suite 5 Deer Park, NY 11729 Suffolk: (631) 243-1765 Suffolk Fax: (631) 243-3716 718 The Plain Road Westbury NY 11590 Nassau: (516) 333-1236 Nassau Fax: (516) 333-0496

DAILY ITINERANT TIME SHEET

Therapist Name: Billing Month: Client's Name:							
Home.	ivame:	ffice: Da		- School:	Other:		
					ch: Clr Asst:		
Day	Date	1 ime in	Time Out	Total Hrs.	Cancellation	Signature	
						l	

Please send daily itinerant sheets, signature sheets, monthly billing to KIDS FIRST in Deer Park by the 3rd day of the next month. We must have originals with signatures. Do NOT fax billing.

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DAILY ITINERANT TIME SHEET

Therapi: Client's	st Name: Name:			Billing Month:				
Client's Name: Daycare:			ycare:	 School: Other:				
Sp: S	EIS: OT:_	_ PT: Prn	t Trng: S\	N: Psyc	ch: Clr Asst:	1:1 Aide:		
Day	Date	Time In	Time Out	Total Hrs.	Cancellation	Signature		
		•	•			•		

Total Number of Hours:								
Reason for cancellation: 1	Client Sick	2 Theranist Sick	3 School Closed	4 State Other				

Reason for cancellation: 1. Client Sick 2. Therapist Sick 3. School Closed 4. State Other

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