



## HABILITATION

Ratio: \_\_\_\_\_ : \_\_\_\_\_

Provider Name: \_\_\_\_\_ (PRINT NAME)

Month/ Year: \_\_\_\_\_

Client Name: \_\_\_\_\_ (PRINT NAME)

- ◆ Monthly **Habilitation Report** **MUST** accompany Habilitation Time Sheet
- ◆ Time Sheets **will not** be processed without both the signatures at the bottom
- ◆ Time entries must be rounded off to the nearest Quarter hour
- ◆ Parent/Guardian must initial mistakes or mark-outs
- ◆ Only fill in dates/times that you have worked, other dates Total Hours should be marked "0"

**FAX TO: 623-218-1216**

**OR**

Email To [fax@azcareproviders.com](mailto:fax@azcareproviders.com)

Work Day	Date	Time In	Time Out	Total Hours	Work Day	Date	Time In	Time Out	Total Hours
<b>SUNDAY</b>		a.m.	a.m.		<b>SUNDAY</b>		a.m.	a.m.	
		p.m.	p.m.				p.m.	p.m.	
<b>MONDAY</b>		a.m.	a.m.		<b>MONDAY</b>		a.m.	a.m.	
		p.m.	p.m.				p.m.	p.m.	
<b>TUESDAY</b>		a.m.	a.m.		<b>TUESDAY</b>		a.m.	a.m.	
		p.m.	p.m.				p.m.	p.m.	
<b>WEDNESDAY</b>		a.m.	a.m.		<b>WEDNESDAY</b>		a.m.	a.m.	
		p.m.	p.m.				p.m.	p.m.	
<b>THURSDAY</b>		a.m.	a.m.		<b>THURSDAY</b>		a.m.	a.m.	
		p.m.	p.m.				p.m.	p.m.	
<b>FRIDAY</b>		a.m.	a.m.		<b>FRIDAY</b>		a.m.	a.m.	
		p.m.	p.m.				p.m.	p.m.	
<b>SATURDAY</b>		a.m.	a.m.		<b>SATURDAY</b>		a.m.	a.m.	
		p.m.	p.m.				p.m.	p.m.	
<b>TOTAL HOURS</b>					<b>TOTAL HOURS</b>				

Provider's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_