August 2021

Express EMPLOYMENT PROFESSIONALS

Big Sky Waiver & SDMI Service Delivery Record

Employee Name: _____   Last Four Digits of Social Security #_____

Member Name: _____   Pay Period End Date: _____

Day	M	Tu	W	Th	F	Sa	Su	Total Hours	M	Tu	W	Th	F	Sa	Su	Total Hours
Date																
Life Coach Job # — Time In AM/PM																
Life Coach Job # — Time Out AM/PM																
Behavioral Intervention Assistant Job # — Time In AM/PM																
Behavioral Intervention Assistant Job # — Time Out AM/PM																
Homemaker Or Specialized Childcare Job # — Time In AM/PM																
Homemaker Or Specialized Childcare Job # — Time Out AM/PM																
Respite Job # — Time In AM/PM																
Respite Job # — Time Out AM/PM																
Social PAS Job # — Time In AM/PM																
Social PAS Job # — Time Out AM/PM																

All services must be pre-approved by the Case Management Team
Misrepresentation constitutes fraud.

Employee Signature_____   Date - _____
By signing here I certify that I worked the hours recorded and completed the work tasks assigned.   Last Day Services Provided

Member Signature_____   Date - _____
By signing here I certify that the employee has worked the hours recorded and completed the tasks assigned.   Last Day Services Provided

NON MEDICAL MILEAGE - (shopping, errands, etc.)

Date: Where: Odometer start: Odometer end: Total Miles:

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Date: Where: Odometer start: Odometer end: Total Miles:

Date: Where: Odometer start: Odometer end: Total Miles:

Date: Where: Odometer start: Odometer end: Total Miles:

OFFICE USE ONLY

Express Initials_____   Date_____

W/E: Job#:   Hours: Miles/$ Amount: #Days Worked:

W/E: Job#:   Hours: Miles/$ Amount: #Days Worked: