DEAP

Program Director Signature

Date

2200 Box Elder, Miles City MT 59301

Phone: 406-234-6034 Fax: 406-234-7018

RESPITE
HAB-AIDE or CAT
HOMEMAKER
ADULT COMPANION

PROVIDER TIMESHEET/ACTIVITY LOG						ADULT COMPANION		
Provider Child/Individual served				Maili	ng Address	Phone		
	r drop off	completed	d timeshee	ets to the Miles	worked to the last day of the month of City DEAP office on the last day wor	worked. ked. Timesheets must be received in the		
Date	Start Time		No. of	Driving Hrs. CAT only		Activity		
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
Office us			en are acc	urate. Provider	and Legal Guardian signatures are req	uired for payment.		
Provider's	Signatur	e		Date	Legal Guardian Sig	nature Date		
						Check if travel yougher also submitte	٦	