

**Consumer-Directed Attendant Care (CDAC) Daily Service Record**

1. Provider name (first, middle initial, last)	2. Agency name (If an agency) <b>Caretech, Inc.</b>	3. Daily date of service (month, day, year)
4. Consumer name (first, middle initial, last)	5. Consumer's Medicaid ID number	6. Location(s) where service was given <b>Client's Home</b>

7. Time I was with the consumer (circle am/pm)	8. Service Code	9. Actual hours of CDAC services (list time worked and being billed)	10. Description of the services I performed for the consumer	11. Describe the consumer's response to services provided in box 10.
<b>Start Time</b> ____:____ am pm <b>End Time</b> ____:____ am pm				
<b>Start Time</b> ____:____ am pm <b>End Time</b> ____:____ am pm				
<b>Start Time</b> ____:____ am pm <b>End Time</b> ____:____ am pm				

12. Total hours	
-----------------	--

**Service codes from CDAC Service Agreement. Choose from the list below. Enter the code in the "Service code" box 8 to show the service you provided.**

- |   |   |  |  |
|---|---|--|--|
| <b>Non-Skilled Services:</b> N1 – Dressing  | N2 – Bathing, grooming, personal hygiene  | N3 – Meal preparation & feeding          | N4 – Toileting                           |
| N5 – Transferring, ambulation, mobility     | N6 – Essential housekeeping   | N7 – Minor wound care                    | N8 – Financial and scheduling assistance |
| N9 – Assistance in the workplace            | N10 – Communication   | N11 – Essential transportation           | N12 – Medication assistance              |
| <b>Skilled Services:</b> S1 – Tube feedings | S2 – Intravenous therapy assistance   | S3 – Parenteral injections               | S4 – Catheterizations                    |
| S5 – Respiratory care                       | S6 – Care of decubiti and other areas   | S7 – Rehabilitation services             | S8 – Colostomy care                      |
| S9 – Care of medical conditions             | S10 – Post-surgical nurse delegated activities                                    | S11 – Monitoring reactions to medication |  |
| S12 – Prepare/monitor therapeutic diets     | S13 – Recording and reporting of changes in vital signs to the nurse or therapist |  |  |

13. Provider's Signature	14. Date
--------------------------	----------

**Consumer-Directed Attendant Care (CDAC) Daily Service Record**

1. Provider name (first, middle initial, last)	2. Agency name (If an agency) <b>Caretech, Inc.</b>	3. Daily date of service (month, day, year)
4. Consumer name (first, middle initial, last)	5. Consumer's Medicaid ID number	6. Location(s) where service was given <b>Client's Home</b>

7. Time I was with the consumer (circle am/pm)	8. Service Code	9. Actual hours of CDAC services (list time worked and being billed)	10. Description of the services I performed for the consumer	11. Describe the consumer's response to services provided in box 10.
Start Time __:__ am pm				
End Time __:__ am pm				
Start Time __:__ am pm				
End Time __:__ am pm				
Start Time __:__ am pm				
End Time __:__ am pm				

12. Total hours	
-----------------	--

**Service codes from CDAC Service Agreement. Choose from the list below. Enter the code in the "Service code" box 8 to show the service you provided.**

- |   |   |  |  |
|---|---|--|--|
| <b>Non-Skilled Services:</b> N1 – Dressing  | N2 – Bathing, grooming, personal hygiene  | N3 – Meal preparation & feeding          | N4 – Toileting                           |
| N5 – Transferring, ambulation, mobility     | N6 – Essential housekeeping   | N7 – Minor wound care                    | N8 – Financial and scheduling assistance |
| N9 – Assistance in the workplace            | N10 – Communication   | N11 – Essential transportation           | N12 – Medication assistance              |
| <b>Skilled Services:</b> S1 – Tube feedings | S2 – Intravenous therapy assistance   | S3 – Parenteral injections               | S4 – Catheterizations                    |
| S5 – Respiratory care                       | S6 – Care of decubiti and other areas   | S7 – Rehabilitation services             | S8 – Colostomy care                      |
| S9 – Care of medical conditions             | S10 – Post-surgical nurse delegated activities                                    | S11 – Monitoring reactions to medication |  |
| S12 – Prepare/monitor therapeutic diets     | S13 – Recording and reporting of changes in vital signs to the nurse or therapist |  |  |

13. Provider's Signature	14. Date
--------------------------	----------