Record of Services Log
Gloss Enterprise, LLC

Service Type (Circle One): LTPCS NOW CCW CC SW EPSDT Other: (specify)_____

Client Name: _____   DSW Name: _____

Week Begin Date (SUNDAY) _____   Week End Date (SATURDAY)_____

Circle AM or PM when signing in and signing out.

When working overnight please sign out at 11:59PM and sign back in at 12AM.

Day of Week	Date	Time In	Time Out	Corrected Time In (if applicable)	Corrected Time Out (if applicable)	Total Hours
SUNDAY		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
MONDAY		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
TUESDAY		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
WEDNESDAY		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
THURSDAY		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
FRIDAY		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	
SATURDAY		AM PM	AM PM	AM PM	AM PM	
		AM PM	AM PM	AM PM	AM PM	

Total Hours _____

The undersigned, acknowledging the above, herby certifies that the time reported herein is true and accurate.

Warning: THE FALSE REPORTING OF TIME ON RECORD OF SERVICE LOG AND SERVICE LOGS BY A DIRECT SERVICE WORKER, PERSONAL SERVICE PROVIDER, OR OTHER GLOSS ENTERPRISE PERSONNELL, OR CLIENT, PATIENT/GUARDIAN CONSTITUTES MEDICAID FRAUD AND IS SUBJECT TO FEDERAL AND STATE CRIMINAL STATUTES PUNISHIBLE BY FINE, JAIL TIME OR BOTH. I UNDERSTAND THAT THE ABOVE HOURS ARE TRUE AND CORRECT AND HAVE BEEN APPROVED BY THE PARTICIPANT.

<u>Was Your Client Hospitalized during this pay cycle?</u> YES   or   NO   (Circle one)

Approved by: _____   _____
                 (parent/guardian/client/authorizer)   **DSW's Signature**

Signed and approved record of services must be dropped off , mailed, or faxed to: Gloss Enterprise, LLC- BY 10 AM on Mondays
1814 N Morrison Blvd;, Bldg 2 Hammond, LA 70401, Questions: 985-419-2430 Fax: 985-419-2431