

Families MatterS (FMS) Service Log

Client Name: _____

Department: _____

Staff Name: _____

Date:	Start Time:	Stop Time:	Code:	<u>Summary of Activities/Daily Log</u>

Summary of Activities:

Employee Signature and Credentials: _____ Date: _____

Legal Guardian/ Client Signature: _____ Date: _____

Date:	Start Time:	Stop Time:	Code:	<u>Summary of Activities/Daily Log</u>

Summary of Activities:

Employee Signature and Credentials: _____ Date: _____

Legal Guardian/ Client Signature: _____ Date: _____

Date:	Start Time:	Stop Time:	Code:	<u>Summary of Activities/Daily Log</u>

Summary of Activities:

Employee Signature and Credentials: _____ Date: _____

Legal Guardian/ Client Signature: _____ Date: _____

By signing this you are verifying the information to be true and accurate.