

**IN-ROADS CONSUMER ATTENDANCE FORM**  
**Must be completed in BLACK or BLUE ink ONLY!**

Type of Service: **Community Integration**

Service Code: **55**

**Consumer Name:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Authorized Hrs:** \_\_\_\_\_

**Subtotal:** \_\_\_\_\_

**Ratio:** \_\_\_\_\_

<b>Contact Date</b>	<b>IN Indicate Am/pm</b>	<b>OUT Indicate Am/pm</b>	<b>TOTAL HOURS</b>	<b>Signature Parent/Rep/Consumer</b>
<b>16<sup>th</sup></b>				
<b>17<sup>th</sup></b>				
<b>18<sup>th</sup></b>				
<b>19<sup>th</sup></b>				
<b>20<sup>th</sup></b>				
<b>21<sup>st</sup></b>				
<b>22<sup>nd</sup></b>				
<b>23<sup>rd</sup></b>				
<b>24<sup>th</sup></b>				
<b>25<sup>th</sup></b>				
<b>26<sup>th</sup></b>				
<b>27<sup>th</sup></b>				
<b>28<sup>th</sup></b>				
<b>29<sup>th</sup></b>				
<b>30<sup>th</sup></b>				
<b>31<sup>st</sup></b>				

**Staff:** \_\_\_\_\_  
**Employee Printed Name**

**Staff:** \_\_\_\_\_  
**Employee Signature**

**Comments: (office use only)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Signature:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Authorized Hrs:** \_\_\_\_\_

**Subtotal:** \_\_\_\_\_

**Ratio:** \_\_\_\_\_

<b>Contact Date</b>	<b>IN Indicate Am/pm</b>	<b>OUT Indicate Am/pm</b>	<b>TOTAL HOURS</b>	<b>Signature Parent/Rep/Consumer</b>
<b>1<sup>st</sup></b>				
<b>2<sup>nd</sup></b>				
<b>3<sup>rd</sup></b>				
<b>4<sup>th</sup></b>				
<b>5<sup>th</sup></b>				
<b>6<sup>th</sup></b>				
<b>7<sup>th</sup></b>				
<b>8<sup>th</sup></b>				
<b>9<sup>th</sup></b>				
<b>10<sup>th</sup></b>				
<b>11<sup>th</sup></b>				
<b>12<sup>th</sup></b>				
<b>13<sup>th</sup></b>				
<b>14<sup>th</sup></b>				
<b>15<sup>th</sup></b>				

**Staff:** \_\_\_\_\_

**Employee Printed Name**

**Staff:** \_\_\_\_\_

**Employee Signature**

**Comments: (office use only)** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_