



# EVERGREEN

SERVICE PROVIDERS

## HEALTH FIRST COLORADO RESIDENTIAL ATTENDANCE RECORD

Provider: \_\_\_\_\_

Month Ending: \_\_\_\_\_

This form is DUE to ESP no later than the 1<sup>st</sup> day of each Month to receive payment!

(You can fax to 303-422-4985 or secure email to [Deanne.evergreen@comcast.net](mailto:Deanne.evergreen@comcast.net))

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Absent					
Notes:																																					

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Absent						
Notes:																																						

Attendance Certified By: \_\_\_\_\_  
 Name (Signature) HHP Title Date

- Special Codes:
- E = Enrollment/Admission Date
  - Blank = Client in Residence
  - V = Visit to Family, Friends or Special Program
  - H = Hospital Day / Nursing Home / ICFMR
  - J = Incarceration
  - I = Ineligible Days
  - T = Termination / Discharge Date
  - X = Vacation Days due to Termination