Direct Therapy Services, LLP

Community Direct Support/Navigation H2021 (Mi Via)

Goal – access to community events and activities

Participant Name: _____ Sub Contractor/Staff Name _____

DATE Mo/day/year	Time In HH:MM am/pm	Time Out HH:MM am/pm	Total Time	Community Events and Locations visited	Staff Signature/Date

Total hours for this time sheet_____

Fax: 575-993-5033 Hand deliver: 1090 Medpark Dr Las Cruces Mail: 301 Perkins Dr ste C Las Cruces NM 88005
Email:

Additional Comments - Document any unusual events, challenges or successes:

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