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| **Call Confirm Instant Verification Log** | Submit call log via regular mail,leave in drop box outside office, or send via  **FAX** (817) 275-9539 or **EMAIL** [hra.pas.timesheets@gmail.com](mailto:hra.pas.timesheets@gmail.com) |

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| **Attendant Name: Client Name:**  **Attendant ID:**  **Dedicated Ph#:** (phone attendant uses to call in times)  **Toll Free Number: 833-709-2847 Client ID:** | |  |  | | --- | --- | | **Period** |  | | **Due** |  | | Payable |  | |

**1st Week**

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| **Date** |  | **Visit Verification Number** | **Time** |  |  |
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Client Signature Date Attendant Signature Date

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| **Attendant Name: Client Name:**  **Attendant ID:**  **Dedicated Ph#:** (phone attendant uses to call in times)  **Toll Free Number: 833-709-2847 Client ID:** | |  |  | | --- | --- | | **Period** |  | | **Due** |  | | Payable |  | |

**2nd Week**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** |  | **Visit Verification Number** | **Time** |  |  |
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| **Out** |  |  |  |  |
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Client Signature Date Attendant Signature Date