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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 |

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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** |  |  |
|   | **In** |   |   |  |  |
| **Out** |   |   |  |  |
|   | **In** |   |  |  |  |
| **Out** |   |   |  |  |
|   | **In** |   |   |  |  |
| **Out** |   |   |  |  |
|   | **In** |   |   |  |  |
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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 |  |

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**2nd Week**

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