

ATTENDANT CARE FORM

[Return completed form to Risk Management, PO Box 8020, Tallahassee, FL 32314]

RE: _____

D/A: _____

DATE	SERVICES PROVIDED	# HOURS/DAY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS CLAIMED: _____

ATTENDANT'S SIGNATURE: _____

ATTENDANT'S NAME: _____

ATTENDANT'S ADDRESS: _____

_____ (PHONE): _____

***Hourly Wage Claimed: \$_____.____ (Note: Unemployed family members are paid at minimum wage: Employed family members who miss work to provide attendant care are paid an hourly rate equal to their employment or the average rate for attendant care in the area: Professional attendants are paid the actual charge not to exceed \$12.50 per hour without prior authorization.)