

Please fill all the following required information:

Consumer Name: _____	PCIS2ID#: _____	Site Address: _____	Site No: _____
Provider Name: _____	Provider No: _____	Service Type: _____	
Consumer's Waiver Status: <input type="checkbox"/> Waiver <input type="checkbox"/> Non-waiver		Operational Month & Year: _____	

Please select type of error or reason for update and provide correct information if applicable:

<input type="checkbox"/> Incorrect Site – Date: ___/___/___	<input type="checkbox"/> Missing Attendance	<input type="checkbox"/> Consumer no longer served – Date: ___/___/___
<input type="checkbox"/> New To Agency – Date: ___/___/___	<input type="checkbox"/> Missing Payment	<input type="checkbox"/> Incorrect Attendance Date
<input type="checkbox"/> Attendance Recoupment	<input type="checkbox"/> Site not Certified	<input type="checkbox"/> Other: _____

Agency Comments:	DDA Comments:
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Attendance Codes By Service	Days of Attendance								Attendance (Total of P)	Absent (Total of O)	Allowable (Total # of P, C, V & IS) days	Non-Allowable (Total of O)
Residential: P, V, C, IS, O Day/Habilitation: P, C, O Supported Employment: P, C, O Community Learning Service: P,C,O Employment Discovery & Customization: P, C, O	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					

Changes requested by: _____ (Agency Staff)	Date: ___/___/___	Phone No: _____ - _____ ext. _____	Date Received by Regional Office: ___/___/___
(Agency Executive Staff) Signature: _____	E-mail: _____	Date: ___/___/___	Approved: _____ (Regional Office Staff) Date: ___/___/___
Date received by DDA-HQ: ___/___/___		Changes made by: _____ (DDA-HQ Staff)	Date: ___/___/___