

Name: Roberts April
 Surname Given

Totals

Alternate hours Hours Fee

Client: _____

0 50 180.00

Care Care

Type	Sched	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
IN	FD	A	A	A	A	A	8.75	7	A	A	A	A	A	8	9.25	A	A	A	A	A	6	11	A	A	A	A	A	A	A	A	A	

Name: Roberts Sherry
 Surname Given

Totals

Alternate hours Hours Fee

Client: _____

0 41.75 180.00

Care Care

Type	Sched	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
PT	FD	A	A	A	A	A	9.75	6.75	A	A	A	A	A	6.5	6.25	A	A	A	A	A	4.75	7.75	A	A	A	A	A	A	A	A	A	

Name: Roberts William
 Surname Given

Totals

Alternate hours Hours Fee

Client: _____

0 44.25 180.00

Care Care

Type	Sched	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
PT	FD	A	A	A	A	A	8.75	6	A	A	A	A	A	6.25	6.5	A	A	A	A	A	8	8.75	A	A	A	A	A	A	A	A	A	

I state that the information provided on this form is true, accurate and complete. I understand I may be liable to criminal prosecution for withholding information or providing false or misleading information.