

# Format of In-Home Client Service Report

Effective July 1, 2023

## Column Headers

Agency\*  
 Service Code\*  
 PrimeNumber \*  
 Last Name\*  
 First Name\*  
 Units\*  
 Authorized\* *(not required for FCSP)*  
 Caseworker  
 Month\*  
 Program *(added by ADVSD staff)*  
 Provider\*  
**NEW:** Fifth Week Services Dates -MM/DD\*

\* indicates a required field

## Please note:

- All required fields must be complete.
- Report each program on separate documents.
- Use the same service codes as the invoice (ie; 63 for Home Care, 64 for Personal Care).
- **NEW:** In the last column, indicate dates of service that occurred in the fifth week of the month, if applicable. Use MM/DD format (ie; 05/15 for May 15).

Example:

A	B	C	D	E	F	G
Agency	Service Code	Prime Number	LastName	FirstName	Units	Authorized
NE	63	ABC12345	Gater	Allie	3.00	16.00

H	I	J	K	L
Caseworker	Month	Program	Provider	5th Week Service Dates (MM/DD)
	May-23		CN	05/29, 05/31

Questions? Please contact [ads.contracts@multco.us](mailto:ads.contracts@multco.us)