



LifeSpan Family Services of PA
 203 Lane Avenue
 Punxsutawney, PA 15767
 Phone: 814-938-4408 Fax: 1-814-690-1850
www.LifeSpanFamilyServices.com

Daily Status Log

Month _____

Family Name _____

Child's Name _____

Mark an 'x' in the appropriate box indicating where the child slept on that date. This form must be turned in by the 5th of the following month.

	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-Home																																
Home Visit/Hospital																																
Respite																																

Total **In-Home** Days _____ X \$30 = \$ _____

Total **HV/Hospital** Days _____ X \$30 = \$ _____

Total **Respite** Days _____ X \$30 = \$ _____

Recruitment Bonus _____ X\$250 = \$ _____

New Family Name(s): _____

Total Reimbursement Due \$ _____

Please note that payment will be received upon county funds being generated to LFS. County funds are generated once all appropriate child documentation for the month is turned into the agency