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KS AuthentiCare IVR Correction Form

Every line is required to be filled out

Employer/Consumer Name: _____

Worker's Name: _____

Self-Directed Service: (please circle one)

FE PCS/ FE ECS/ FE COMP/ IDD PCS/ IDD Respite/ PD PCS/ PD ECS/ BI PCS/ BI ECS

Date of Service: _____

Check in time: _____:_____ AM/PM

Check out time: _____:_____ AM/PM

Total hours worked: _____

Activity Codes: _____

Reason for missed check-in and/or check-out:

Employer/Consumer Signature

Worker Signature

Office use only: