

**PROGRESS INC.**

**RESIDENTIAL ATTENDANCE RECORD**

<b>Recipient Name:</b>			
<b>Service Code:</b>			
<b>Date</b>	<b>Billable Units</b>	<b>Billable Units</b>	<b>Billable Units</b>
<b>FILL IN DATE</b>			
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X = Person supported by Progress Inc. this night  
0 = Person NOT supported by Progress Inc. this night  
H = Person in Hospital overnight

\_\_\_\_\_  
Signature of staff submitting attendance record