State of Illinois
Department of Human Services

Day Program Daily Attendance Record

Date: _____ PROGRAM NAME: _____ PROGRAM CODE: _____ COMPLETED BY: _____

| Name | Social Security Number | INDIVIDUAL BEGIN TIME | LUNCH* | | INDIVIDUAL END TIME | OTHER TIME AWAY | | REASON FOR ABSENCE OR OTHER TIME AWAY | DAILY TOTAL | |
			LEFT AT	RET. AT		LEFT AT	RET. AT		HOURS	MIN. **

* Lunch: This section is to be completed for each individual unless the individual's service plan documents active programming during lunch.

** Minutes may be rounded to the nearest 15 minutes (1/4 hour).