

DHHS
CHILDREN BEHAVIORAL HEALTH SERVICES.
11 STATE HOUSE STATION
35 ANTHONY AVE
AUGUSTA, ME 04333
624-5250 OR 1-800-866-1814

ONE TO ONE AIDE REPORT
**** BILLING FORM ****

Dates covered by this report: _____

Child's Name: _____ DOB: _____ SSN: _____

Provider's Name: _____ SSN: _____

Provider's Address: _____

Caseworker: _____

Goals of the ISP to be worked on by Rec. Aide: _____

Hours: _____
Hourly Rate: _____
TOTAL: _____

Briefly describe this week's activities and progress towards goals: _____

Briefly describe any coordination of services with parents, case managers, therapists, etc. _____

Signature of 1:1 Rec Aide _____ Date _____