Texas Dept. of Aging and
Disability Services

Form 3625
February 2003

Community Living Assistance and Support Services
Documentation of Services Delivered

Section A – Participant Information

2. Participant Name	3. Medicaid No.	1. Service Month and Year / 4. Social Security No. (for applicants only)

Section B – Provider Agency Information

5. Agency Type	6. Agency Name	7. Vendor No.
☐ CMA ☐ DSA		

Section C – Pre-Enrollment Assessment Fees: CMA/DSA

8. Case Management Services	9. DSA Services
☐ Full Assessment ☐ Partial Assessment	☐ Full Assessment

Section D – Case Management Services

10. Case Manager Name	11. Case Management Services
	☐ Ongoing

Section E – Direct Services

12. Method of Delivery (check only one)

☐ Employee–Name of employee: _____

☐ Personal Service Agreement–Name of Individual: _____

☐ Contract with Another Agency–Name of Individual and Company: _____

☐ Direct Purchase–Use only for service codes 15 and 16:

13. Authorized Service (Enter only ONE service.)

Service Category: _____ Service Code: _____ Bill Code: _____

For Service Code 42, name specialized therapy: _____

Comments:

_____

_____

_____

_____

Section F – Record of Time

DAY	TIME IN-TIME OUT/UNITS/AMOUNT	DAY	TIME IN-TIME OUT/UNITS/AMOUNT	DAY	TIME IN-TIME OUT/UNITS/AMOUNT	DAY	TIME IN-TIME OUT/UNITS/AMOUNT
1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Total Units/Amount:

Section G – Certification: This is to certify that I provided the services recorded above, or that I completed all work required according to all specifications.

_____ _____
Signature–Participant/Guardian Date (mm/dd/yy)

_____ _____ _____ _____
Signature–Person Delivering Service Date (mm/dd/yy) Signature–Timekeeper Date (mm/dd/yy)