SOUTHERN AL REG COUNCIL ON AGING **ITEMIZED BILLING PER CLIENT**

CONTRACTOR: _____ **MONTH / YEAR:** _____

TELEPHONE #: **PROGRAM:** **Alabama Cares**

A=Homemaker B=Personal Care C=Unskilled Respite E=Skilled Respite F=Adult Day Health Care G=Companion Services

Care Recipient	Caregiver	AIMS #	A	B	C	E	F	G
		SUBTOTAL						
		ACTUAL TOTAL						
		Rounded Totals for SARCOA Computer (SARCOA use only)						