cL 31201
4 5 10

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES

WORKER DAILY REPORT OF SERVICES TO CLIENTS

1. COUNTY PROVIDER NO. (11–16) | 2. MONTH YEAR (19–22) | 3. WORKER I.D. (23–31) | 4. COUNTY PROVIDER NAME | 5. WORKER NAME LAST, FI, MI

6. CLIENT NAME	7. LN	8. DAY	9. SERVICE	10. CLIENT I.D.	11. MINUTES	12. PGM	13. COUNTY USE	14. COMMENTS
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Sample only.
Not for use.

DSS-4263 (REV. 3/06) PERFORMANCE MANAGEMENT

My signature certifies that this is an accurate account of time and services provided as listed above: _____

Appendix 3: Sample DSS 4263 Daysheet