



FMS DIRECTED IVR EXCEPTION FORM

Client Name: _____

Worker Name: _____

Date of Service: _____ / _____ / _____
MM / DD / YYYY

Check in time: _____ AM / PM Check out time: _____ AM / PM

Activity Codes: _____

*Reason for missed check in/out:

Client Signature

Worker signature

OFFICE USE ONLY
PROGRAM: _____