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| **IDD Waiver In-Home Nursing Respite**  **Service Note** | **Name** |  | | | |  |
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| **Provider’s Signature/Credentials** | **Date**  **(m/d/yr)** | **Time In**  **(am/pm)** | **Time Out**  **(am/pm)** | **Total Time** | **Person/Legal Representative’s Signature** |
| **Notes** | | | | | |
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