**FORM B-2 - SUPPORTED LIVING ONLY**

**CLIENT VISIT REPORT**

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| **Employer legal name:** |  |
| **Union:**  |  |

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| **NORMAL Visits** |
| **Client ID** | **Geographic Area** | **Supported Living Worker** | **Care Hours** | **Notes** |
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| **ESSENTIAL Visits** |
| **Client ID** | **Geographic Area** | **Supported Living Worker** | **Care Hours** | **Notes** |
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***\*This page must be initialed by both the Employer and Union representatives***

Employer initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_