

State of Maryland - In Home Aide Services Program		POS
PURCHASE OF SERVICES ORDER		
1 CLIENT	2 PRIMARY CLIENT NUMBER	3 LDSS
4 VENDOR/PROVIDER		

*SERVICE	BEGIN DATE Mo Day Year	END DATE Mo Day Year	HOURS PER WEEK	HOURS X OF WEEKS	NUMBER =	TOTAL HOURS APPROVED	HOURLY RATE	MAXIMUM REIMBURSEMENT
1.								
2.								
3.								
4.								
5.								
*SERVICE LETTER CODES:	A - CHORE B - HEAVY CHORE C - PERSONAL CARE		D - NURSING EVALUATION/SUPERVISION E - TRANSPORTATION/ESCORT F - RESPIRE CARE		TOTAL CHARGE FOR SERVICE		ESTABLISHED MILEAGE CHARGES FOR ABOVE SERVICES	
5 AIDE SUPERVISOR SIGNATURE	6 DATE		TOTAL ALLOWABLE BILL		9. ACCEPTED BY VENDOR/PROVIDER		10. DATE	
7. FISCAL AGENT SIGNATURE	8. DATE							