Column A NPI/ UMPI Number	Column B Provider Name	Column C Full Address (Street, City, State, Zip)	Column D Taxonomy Code	Column E County of Financial Responsibility (CFR)	Column F PMIN	Column G Recipient Name	Column H Case Manager Name	Column I Average Hours Attendance per Week	Column J DT&H Average Weekly Staffing Ratio	Column K Average number of one-way trips per week	Column L One-way trip miles (direct route) from client's home to drop off	Column M Average time in minutes per one-way trip

Average Weekly Staffing Ratios
DT&H Individual Client Worksheet

Client Name	
Date Form Completed	

STAFFING RATIO

	Staffing Ratio														To/From Transporation		
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday				
Column A Hour/Day	**Col B Ratio**	**Col C Activity**	**Col D Ratio**	**Col E Activity**	**Col F Ratio**	**Col G Activity**	**Col H Ratio**	**Col I Activity**	**Col J Ratio**	**Col K Activity**	**Col L Ratio**	**Col M Activity**	**Col N Ratio**	**Col O Activity**	**Column P Average number of one-way trips per week**	**Column Q One-way trip miles (direct route) from client's home to drop off**	**Column R Average time in minutes per one-way trip**
Example	1:6	Exercise															
6:00-7:00 AM																	
7:00-8:00 AM																	
8:00-9:00 AM																	
9:00-10:00 AM																	
10:00-11:00 AM																	
11:00 AM-Noon																	
Noon-1:00 PM																	
1:00-2:00 PM																	
2:00-3:00 PM																	
3:00-4:00 PM																	
4:00-5:00 PM																	
5:00-6:00 PM																	
6:00-7:00 PM																	
7:00-8:00 PM																	
8:00-9:00 PM																	
Average Daily Ratios (Average hourly ratios for each day; enter result in gray boxes)																	
Average Weekly Staffing Ratio (Average the daily ratios on Line 20; enter result in gray box. Transfer this ratio to the DT&H Summary Sheet,																	
Average Hours of Attendance per Week																	