



Deaf Blind with Multiple Disabilities (DBMD)  
**Daily Census Documentation**

Individual's Name	Medicaid Number	Vendor Name	Vendor Number
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Month: \_\_\_\_\_ Year: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**Totals**

19	19E	19F	PL	HL	IL

Month: \_\_\_\_\_ Year: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**Totals**

19	19E	19F	PL	HL	IL

Month: \_\_\_\_\_ Year: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

**Totals**

19	19E	19F	PL	HL	IL

Month: \_\_\_\_\_ Year: \_\_\_\_\_

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**Totals**

19	19E	19F	PL	HL	IL

Month: \_\_\_\_\_ Year: \_\_\_\_\_

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**Totals**

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**Totals**

19	19E	19F	PL	HL	IL

\_\_\_\_\_ Timekeeper Name

\_\_\_\_\_ Signature – Timekeeper

\_\_\_\_\_ Date