



CLS Per Diem Data Log (H0043) - Washtenaw - Section 1 of Timesheet

Please Print

Consumer Name: _____

Caregiver Name: _____

Case #: _____

CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:

Food Prep <input type="checkbox"/>	Laundry <input type="checkbox"/>	Routine Household Care <input type="checkbox"/>	ADLs <input type="checkbox"/>	Shopping <input type="checkbox"/>	Money Skills <input type="checkbox"/>	Socialization Relationship Building <input type="checkbox"/>	Transport - Community Activity <input type="checkbox"/>	Leisure Choice <input type="checkbox"/>	Participation Community Activity <input type="checkbox"/>	Med. Appt. Attended <input type="checkbox"/>	Non-medical treatments <input type="checkbox"/>	Monitor self-administration of meds <input type="checkbox"/>	Monitor & protect health & safety <input type="checkbox"/>
---------------------------------------	-------------------------------------	--	----------------------------------	--------------------------------------	--	---	--	--	--	---	--	---	---

Service Date: ____/____/____ Start Time: _____ Stop Time: _____ Location: Home Community _____

Note:

Caregiver Signature: _____ Title: _____ Date: _____

CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:

Food Prep <input type="checkbox"/>	Laundry <input type="checkbox"/>	Routine Household Care <input type="checkbox"/>	ADLs <input type="checkbox"/>	Shopping <input type="checkbox"/>	Money Skills <input type="checkbox"/>	Socialization Relationship Building <input type="checkbox"/>	Transport - Community Activity <input type="checkbox"/>	Leisure Choice <input type="checkbox"/>	Participation Community Activity <input type="checkbox"/>	Med. Appt. Attended <input type="checkbox"/>	Non-medical treatments <input type="checkbox"/>	Monitor self-administration of meds <input type="checkbox"/>	Monitor & protect health & safety <input type="checkbox"/>
---------------------------------------	-------------------------------------	--	----------------------------------	--------------------------------------	--	---	--	--	--	---	--	---	---

Service Date: ____/____/____ Start Time: _____ Stop Time: _____ Location: Home Community _____

Note:

Caregiver Signature: _____ Title: _____ Date: _____

CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:

Food Prep <input type="checkbox"/>	Laundry <input type="checkbox"/>	Routine Household Care <input type="checkbox"/>	ADLs <input type="checkbox"/>	Shopping <input type="checkbox"/>	Money Skills <input type="checkbox"/>	Socialization Relationship Building <input type="checkbox"/>	Transport - Community Activity <input type="checkbox"/>	Leisure Choice <input type="checkbox"/>	Participation Community Activity <input type="checkbox"/>	Med. Appt. Attended <input type="checkbox"/>	Non-medical treatments <input type="checkbox"/>	Monitor self-administration of meds <input type="checkbox"/>	Monitor & protect health & safety <input type="checkbox"/>
---------------------------------------	-------------------------------------	--	----------------------------------	--------------------------------------	--	---	--	--	--	---	--	---	---

Service Date: ____/____/____ Start Time: _____ Stop Time: _____ Location: Home Community _____

Note:

Caregiver Signature: _____ Title: _____ Date: _____

A completed timesheet includes Section 1: CLS Data Log and Respite Notes and Section 2: Time in and time out with an authorized signature.

All CLS shifts must be spent working on the goals in the plan of service and documented to show this. Please refer to definitions and explanations from your Orientation, New Hire Training and other materials received regarding timesheets.