



CLS Notes (H2015) - CHILD WAIVER MACOMB - Section 1 of Timesheet

Please Print

Consumer Name: _____ Caregiver Name: _____

Case #: _____

****Original Notes and Timesheet MUST be turned in weekly****

Service Date: ____/____/____				Start Time: _____		Stop Time: _____		Location: <input type="checkbox"/> Home <input type="checkbox"/> Community _____	
Note:									
Caregiver Signature: _____		Title: _____		Date: _____		Guardian Signature: _____			
Service Date: ____/____/____				Start Time: _____		Stop Time: _____		Location: <input type="checkbox"/> Home <input type="checkbox"/> Community _____	
Note:									
Caregiver Signature: _____		Title: _____		Date: _____		Guardian Signature: _____			
Service Date: ____/____/____				Start Time: _____		Stop Time: _____		Location: <input type="checkbox"/> Home <input type="checkbox"/> Community _____	
Note:									
Caregiver Signature: _____		Title: _____		Date: _____		Guardian Signature: _____			
Service Date: ____/____/____				Start Time: _____		Stop Time: _____		Location: <input type="checkbox"/> Home <input type="checkbox"/> Community _____	
Note:									
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Note:									
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Note:									

Parent/Guardian signature is REQUIRED on each daily note