



# CLS Data Log (H2015) - MACOMB - 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                | Laundry                  | Routine Household Care   | ADLs                     | Shopping                 | Money Skills             | Socialization Relationship Building | Transport - Community Activity | Leisure Choice           | Participation Community Activity | Med. Appt. Attended <b>MUST have prior approval</b> | Non-medical treatments   | Monitor self-administration of meds | Monitor & protect health & safety |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>            | <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:**

|                          |                          |                          |                          |                          |                          |                                     |                                |                          |                                  |                                                     |                          |                                     |                                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------------|--------------------------|----------------------------------|-----------------------------------------------------|--------------------------|-------------------------------------|-----------------------------------|
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>            | <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:**

|                          |                          |                          |                          |                          |                          |                                     |                                |                          |                                  |                                                     |                          |                                     |                                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------------|--------------------------|----------------------------------|-----------------------------------------------------|--------------------------|-------------------------------------|-----------------------------------|
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>            | <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.