CLS Notes (H2015) - SCFS - SED Waiver Non-State Approved 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:** ☐ **Home** ☐ **Community**_____

Note:

Caregiver Signature:_____ **Title:**_____ **Date:**_____ **Guardian Signature:** _____

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

Note:

Caregiver Signature:_____ **Title:**_____ **Date:**_____ **Guardian Signature:** _____

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

Note:

Caregiver Signature:_____ **Title:**_____ **Date:**_____ **Guardian Signature:** _____

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

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Caregiver Signature:_____ **Title:**_____ **Date:**_____ **Guardian Signature:** _____

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

Note:

Caregiver Signature:_____ **Title:**_____ **Date:**_____ **Guardian Signature:** _____

Parent/Guardian signature is REQUIRED on each daily note