



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: _____ _____					
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: _____ _____					
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: _____					

Parent/Guardian signature is REQUIRED on each daily note