



# CLS Data Log (H2015) - MORC - Section 1 of Timesheet

Please Print

Consumer Name: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Case #: \_\_\_\_\_

|  |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
|--|-------------------------------------|--|----------------------------------|--------------------------------------|--|---|--|--|--|---|--|---|---|
| <b>CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:</b>  |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
| Food Prep<br><input type="checkbox"/>  | Laundry<br><input type="checkbox"/> | Routine Household Care<br><input type="checkbox"/> | ADLs<br><input type="checkbox"/> | Shopping<br><input type="checkbox"/> | Money Skills<br><input type="checkbox"/> | Socialization Relationship Building<br><input type="checkbox"/> | Transport - Community Activity<br><input type="checkbox"/> | Leisure Choice<br><input type="checkbox"/> | Participation Community Activity<br><input type="checkbox"/> | Med. Appt. Attended <b>MUST have prior approval</b><br><input type="checkbox"/> | Non-medical treatments<br><input type="checkbox"/> | Monitor self-administration of meds<br><input type="checkbox"/> | Monitor & protect health & safety<br><input type="checkbox"/> |
| Service Date: ___/___/___      Start Time: _____      Stop Time: _____      Location: <input type="checkbox"/> Home <input type="checkbox"/> Community _____ |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
| Note:<br>_____<br>_____  |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
| Caregiver Signature: _____      Print Name: _____      Title: _____      Date: _____   |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
| <b>CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:</b>  |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
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| Service Date: ___/___/___      Start Time: _____      Stop Time: _____      Location: <input type="checkbox"/> Home <input type="checkbox"/> Community _____ |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
| Note:<br>_____<br>_____  |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
| Caregiver Signature: _____      Print Name: _____      Title: _____      Date: _____   |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
| <b>CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:</b>  |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
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| Service Date: ___/___/___      Start Time: _____      Stop Time: _____      Location: <input type="checkbox"/> Home <input type="checkbox"/> Community _____ |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
| Note:<br>_____<br>_____  |                                     |  |                                  |                                      |  |   |  |  |  |   |  |   |   |
| Caregiver Signature: _____      Print Name: _____      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.