

CLS Data Log (H2015) - MACOMB - Section 1 of Timesheet

Please Print



Consumer Name: _____ Case #: _____
 Caregiver Name: _____

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 MUST have prior approval	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: _____

Date: _____

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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.