



# CLS Data Log (H2015) - Oakland Family Services - 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 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: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_

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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.