ExpertCare management services
Restoring Lives, Renewing Spirits

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_____

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_____

Note:

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

Parent/Guardian signature is REQUIRED on each daily note