ExpertCare management services
Restoring Lives, Renewing Spirits

# CLS Notes (H2015) - SED 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: ☐ 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_____

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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**

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