



CLS Data Log (H2015) - SED Waiver - SWC Solutions - 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 <input type="checkbox"/>	Laundry <input type="checkbox"/>	Routine Household Care <input type="checkbox"/>	ADLs <input type="checkbox"/>	Shopping <input type="checkbox"/>	Money Skills <input type="checkbox"/>	Socialization Relationship Building <input type="checkbox"/>	Transport - Community Activity <input type="checkbox"/>	Leisure Choice <input type="checkbox"/>	Participation Community Activity <input type="checkbox"/>	Med. Appt. Attended <input type="checkbox"/>	Non-medical treatments <input type="checkbox"/>	Monitor self-administration of meds <input type="checkbox"/>	Monitor & protect health & safety <input type="checkbox"/>
Service Date: ____/____/____		Start Time: _____		Stop Time: _____		Location: <input type="checkbox"/> Home <input type="checkbox"/> Community _____							
Note: _____ _____													
Caregiver Signature: _____			Title: _____			Date: _____			Parent/Guardian Signature: _____				
CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:													
Food Prep <input type="checkbox"/>	Laundry <input type="checkbox"/>	Routine Household Care <input type="checkbox"/>	ADLs <input type="checkbox"/>	Shopping <input type="checkbox"/>	Money Skills <input type="checkbox"/>	Socialization Relationship Building <input type="checkbox"/>	Transport - Community Activity <input type="checkbox"/>	Leisure Choice <input type="checkbox"/>	Participation Community Activity <input type="checkbox"/>	Med. Appt. Attended <input type="checkbox"/>	Non-medical treatments <input type="checkbox"/>	Monitor self-administration of meds <input type="checkbox"/>	Monitor & protect health & safety <input type="checkbox"/>
Service Date: ____/____/____		Start Time: _____		Stop Time: _____		Location: <input type="checkbox"/> Home <input type="checkbox"/> Community _____							
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Service Date: ____/____/____		Start Time: _____		Stop Time: _____		Location: <input type="checkbox"/> Home <input type="checkbox"/> Community _____							
Note: _____ _____													
Caregiver Signature: _____			Title: _____			Date: _____			Parent/Guardian Signature: _____				

****Caregiver & Parent/Guardian Signature must be on each daily CLS Note****

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.