Independent Living Partners
With you when you need us.

8030 Old Cedar Ave S • Bloomington MN 55425 • P: 952.300.6799 • F: 952.953.0187 • Independentlivingpartners.com

OFFICE USE ONLY **Program: SUPPORTED LIVING SERVICES # Hours:**

CLIENT:	**EMPLOYEE:**

Client/Employee signatures verify that hours worked and services provided are accurately documented here. **MONTH:_____YEAR:_____**	**DAY**	**Mon**	**Tue**	**Wed**	**Thur**	**Fri.**	**Sat**	**Sun**	**TOTAL HOURS**
	DATE:								
	Time In								
	Time Out								
HOURS WORKED									

ACTIVITIES COMPLETED WITH CLIENT	**Initials**	**Notes:** Please list activities you have done with client that are not bullet listed on this time sheet.
ASSISTANCE IN SETTING UP MEETINGS AND APPOINTMENTS		
ASSISTANCE IN ARRANGING MEDICAL AND SOCIAL SERVICES		
ASSISTANCE WITH MONEY MANAGEMENT		
ASSISTANCE WITH SENSORY & MOTOR DEVELOPMENT		
ASSISTANCE WITH EATING & MEAL PREPARATION		
ASSISTANCE WITH HYGIENE & CLEANLINESS		
ASSISTANCE WITH ARRANGING FOR OR PROVIDING TRANSPORTATION		
ACCESS COMMUNITY FOR SOCIALIATION WITH PEERS, FRIENDS AND FAMILY		
ASSISTANCE WITH LEISURE AND RECREATIONAL ACTIVITIES		
ASSISTANCE WITH COMMUNICATIONS		
ASSISTANCE WITH SELF-CARE		
ASSISTANCE INTERPERSONAL SKILLS		
ASSISTANCE WITH PAPERWORK		
ASSISTANCE WITH ORGANIATION		

Client Signature:_____**Date**:
Responsible Party/Guardian Signature:_____For the Week of:_____
Employee Signature:_____

TIME SHEETS ARE DUE THE END OF LAST WORK DAY OF THE WEEK: FAX THEM TO 952-953-0187 OR EMAIL THEM TO abdifatah.kofiro@independentlivingpartners.com. THANK YOU..