



<b>OFFICE USE ONLY</b>	Program: <b>Personal Support</b>	<b># Hours:</b>
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<b>CLIENT:</b>	<b>EMPLOYEE:</b>								
Client/Employee signatures verify that hours worked and services provided are accurately documented here.  MONTH: _____ YEAR: _____	<b>DAY</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri.</b>	<b>Sat</b>	<b>Sun</b>	<b>TOTAL HOURS</b>
	<b>DATE:</b>								
	Time In								
Time Out									
<b>HOURS WORKED</b>									

DAILY ACTIVITIES COMPLETED	Initials	Notes: Please list activities you have done with Denise that are not bullet listed on this time sheet
GROOMING /HYGIENE		
BATHING		
TASK COMPLETION		
PROBLEM SOLVING		
SUPERVISION FOR SAFETY		
CUING/STAND BY ASSIST		
ACCESS COMMUNITY FOR SOCIALIATION WITH PEERS, FRIENDS AND FAMILY		
ACCESS COMMUNITY FOR RECREATIONAL ACTIVITIES		
ASSISTANCE WITH PAPERWORK		
ASSISTANCE WITH MAKING/KEEPING MEDICAL APPOINTMENTS		
GENERAL HOUSECLEANING		
PLAY GAMES		

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**