



OFFICE USE ONLY		Program: ICLS	# 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											
TASK COMPLETION											
PROBLEM SOLVING											
ASSISTANCE WITH MEAL PREPARATION											
CUING/STAND BY ASSIST WITH DRESSING, GROOMING AND BATHIN											
ARRANGING FOR OR PROVIDING TRANSPORTATION											
ACCESS COMMUNITY FOR SOCIALIATION WITH PEERS, FRIENDS AND FAMILY											
ACCESS COMMUNITY FOR RECREATIONAL ACTIVITIES											

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.