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|------------------------|---------------------|-----------------|
| OFFICE USE ONLY | Program: ILS | # Hours: |
|------------------------|---------------------|-----------------|

| | | | | | | | | | |
|--|------------------|-----|-----|-----|------|------|-----|-----|--------------------|
| CLIENT: | EMPLOYEE: | | | | | | | | |
| <p>Client/Employee signatures verify that hours worked and services provided are accurately documented here.</p> <p>MONTH: _____ YEAR: _____</p> | 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. |
|---|-----------------|---|

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|--|--|--|
| 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 | | |
| 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..