

Self-Directed Time Sheet & Progress Notes

Consumer Name: _____

Provider/Staff Name: _____ Total Hours: _____ for the week

Payroll Period: Sunday ____ / ____ / ____ to Saturday ____ / ____ / ____

Service Codes:
H2015 U7: Community Living Support 15 min
H2015 U7UN: Shared (2 consumers) CLS 15 min
T1005 U7: Respite 15 min
H0045 U7: Respite Overnight Per Day
TR: Training (Online, In-Class, Other)
*Not an all-inclusive list of service codes.

Day: Sun Mon Tue Wed Thur Fri Sat	Personal Care (Guide & Direct Only)		Community Living Supports (CLS)	
	Date: _____	Routine, Seasonal & Heavy Household Care & Maintenance	Non-Medical Care (not requiring nurse/physician intervention)	
Time In: _____ : _____ AM / PM	Shopping for Food & Other Necessities of Daily Living	Acquiring or Procuring Goods, Other than those Listed under Shopping & Non-Medical Services		
Time Out: _____ : _____ AM / PM	Medication Administration/Monitoring	Participation in Regular Community Activities & Recreation Opportunities		
Service Code: _____	Meal Preparation	Money Management		
	Eating	Transportation (excludes to/from medical appts)		
	Bathing	Socialization & Relationship Building/Supervision		
	Dressing	Attendance at Medical Appointments		
	Personal Hygiene			
	Laundry			

Progress Notes: (Check above what goals were worked on today and explain in detail how you worked toward each goal.)

Day: Sun Mon Tue Wed Thur Fri Sat	Personal Care (Guide & Direct Only)		Community Living Supports (CLS)	
	Date: _____	Routine, Seasonal & Heavy Household Care & Maintenance	Non-Medical Care (not requiring nurse/physician intervention)	
Time In: _____ : _____ AM / PM	Shopping for Food & Other Necessities of Daily Living	Acquiring or Procuring Goods, Other than those Listed under Shopping & Non-Medical Services		
Time Out: _____ : _____ AM / PM	Medication Administration/Monitoring	Participation in Regular Community Activities & Recreation Opportunities		
Service Code: _____	Meal Preparation	Money Management		
	Eating	Transportation (excludes to/from medical appts)		
	Bathing	Socialization & Relationship Building/Supervision		
	Dressing	Attendance at Medical Appointments		
	Personal Hygiene			
	Laundry			

Progress Notes: (Check above what goals were worked on today and explain in detail how you worked toward each goal.)

I certify that I wrote the progress notes above, worked the hours shown on this sheet on the days indicated, and that this timesheet has been authorized by the consumer or their representative. (No photocopied signatures will be accepted. Please use blue or black ink.)

Provider/Staff/Employee Signature: _____

Consumer/Guardian/Representative/Employer Signature: _____

Case Holder Initials: _____ Date Initialed: _____

All overtime must be pre-approved by the SD Coordinator.