

ALL KARE ALTERNATIVE, INC.

WEEKLY TIME SHEETS FOR WEEK BEGINNING _____ / _____ / _____ ENDING _____ / _____ / _____

STAFF NAME _____ CLIENT'S NAME _____

NOW - WAIVER

DATE	DAY	TIME IN A.M.	TIME OUT A.M.	TIME IN P.M.	TIME OUT P.M.	TOTAL LONG-TERM HOURS
	SUNDAY					
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					

TOTAL NOW - WAIVER HOURS FOR WEEK: _____

SIGNATURE OF STAFF: _____ DATE: _____

CLIENT'S/RESPONSIBLE SIGNATURE: _____ DATE: _____

LOG OF WEEKLY SERVICES FOR NOW-WAIVE

PROVIDER AGENCY NAME: ALL KARE ALTERNATIVE, INC. DIRECT SERVICE WORKER'S NAME: _____

RECIPIENT NAME: _____ RECIPIENT DOB: _____

Week Of:	Through:						
Day Of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date →							
1 st Arrival Time W/ Initials →							
1 st Departure Time W/ Initials →							
2 nd Arrival Time W/ Initials →							
2 nd Departure Time W/ Initials →							
↓ Tasks ↓	↓ Indicate Task Completed Each Day W/Initials ↓						
Eating							
Bathing							
Dressing							
Grooming							
Transferring							
Ambulation							
Toileting							
Light Housekeeping							
Food Preparation & Storage							
Shopping							
Laundry							
Medication Reminders							
Assist To Sched Med Appts							
Assist To Arrange Med Trans							
Accompany To Med Appts							
Daily Total # Of Hours →							

WEEKLY TOTAL # HOURS _____ HOURS

RECIPIENT/DESIGNATED PERSONAL REPRESENTATIVE/LEGAL REPRESENTATIVE SIGNATURE & DATE: _____

DIRECT SERVICE WORKER'S PRINTED NAME, SIGNATURE, & DATE: _____

DSW SUPERVISOR'S REVIEW SIGNATURE & DATE (Use of this line is optional): _____

NOTE: DAILY SERVICES/SUPPORTS DESCRIPTIONS AND COMMENTS ARE TO BE RECORDED ON PAGE 2 OF THIS FORM. ADDITIONAL PAGES MAY BE USED.

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PROVIDER AGENCY NAME:	DIRECT SERVICE WORKER'S NAME:
RECIPIENT NAME:	RECIPIENT DOB:
WEEK OF:	THROUGH:

DAILY SERVICES/SUPPORTS DESCRIPTIONS AND COMMENTS:

DAY OF WEEK AND DATE ↓	DESCRIPTIONS AND COMMENTS ↓

RECIPIENT/DESIGNATED PERSONAL REPRESENTATIVE/LEGAL REPRESENTATIVE SIGNATURE & DATE: _____

DIRECT SERVICE WORKER'S PRINTED NAME, SIGNATURE, & DATE: _____

DSW SUPERVISOR'S REVIEW SIGNATURE & DATE (Use of this line is optional): _____

PROVIDER AGENCY NAME:		DIRECT SERVICE WORKER'S NAME:	
RECIPIENT NAME:		RECIPIENT DOB:	
WEEK OF:		THROUGH:	

DAILY SERVICES/SUPPORTS DESCRIPTIONS AND COMMENTS:

DAY OF WEEK AND DATE ↓	DESCRIPTIONS AND COMMENTS ↓

RECIPIENT/DESIGNATED PERSONAL REPRESENTATIVE/LEGAL REPRESENTATIVE SIGNATURE & DATE: _____

DIRECT SERVICE WORKER'S PRINTED NAME, SIGNATURE, & DATE: _____

DSW SUPERVISOR'S REVIEW SIGNATURE & DATE (Use of this line is optional): _____

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