**TIME SHEET LOG**

**Client Name**: **DSP Name**:

**Hours Approved Per Week**:

**Goal/Outcome of Sessions:** will be supported in engaging in activities at home and in the community.

**Service Strategies:** (check all that apply):

✓ Assistance with Activities of Daily Living (such as getting dressed, eating, personal hygiene, etc.)

✓ Assistance with Increasing Community Participation (such as daily errands, attending events,

restaurant, purchasing items, travel training, etc.)

✓ Assistance with Increasing Independence (such as helping the individual learn to do laundry,

cook, clean, dress, grocery shop, pay for items, etc.)

✓ Assistance with Learning Activities (such as basic tutoring – math, reading, writing; support in

attending a class; etc.)

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| --- | --- | --- | --- |
| DATEmm/dd/yy | START TIME | END TIME | NOTES |
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|  |  |  |  |

Total Hours:

Signature of DSP: Signature of Client/Guardian:

Date: Date:

**\*\*Please note: Prompt Care cannot accept any time sheets that are not completely filled out.\*\***

**\*\*\*ANY SERVICE HOURS THAT ARE PROVIDED OVER THE AUTHORIZED NUMBER OF HOURS PER WEEK WILL NOT BE REIMBURSED UNLESS THEY ARE CARRY OVER HOURS.\*\*\***