

PROMPT CARE

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.)

<u>DATE</u> mm/dd/yy	<u>START</u> <u>TIME</u>	<u>END</u> <u>TIME</u>	<u>NOTES</u>
07/07/2022	9:00am	3:00pm	Made breakfast with _____. Took a walk. Helped tidy/organize _____'s room. Went to target and assisted _____ with paying for items. Made an art project together.

Total Hours: _____

Signature of DSP: _____

Date: _____

Signature of Client/Guardian: _____

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.*****