

Employee Time Sheet for Period Ending: 01/26/2000

Signing and submitting false information may lead to a charge of Medicaid fraud.

Participant:

Medicaid CIN:

Name: **Sally Jones**

Signature: _____ Date: ___/___/___

Employee:

Print Name: **Nancy Lee**

Signature: _____ Date: ___/___/___



ISSID-75

Activity Codes: Enter the valued outcome/activity code in the Activity Code field and provide a description of that activity.

- A) Sally would like to be more independent within her home.**
- Staff will assist Sally with cleaning and maintaining her own space.
 - Staff will ensure that Sally is appropriately dressed and groomed.
 - Staff will reinforce fire safety within the home.
 - Staff will practice reading and writing skills.
 - Staff will teach money management skills.

- B) Sally would like to increase her community integration and socialization.**

- Staff will teach travel training and provide on-site support to all community based activities.
- Staff will provide assistance at sporting events, while shopping, at cooking classes, and at her volunteer site(s).
- Staff will assist Sally with maintaining her physical health by joining a gym.
- Staff will teach money management/budgeting skills while in the community, and work on reading/writing skills as it pertains to community integration.

- C) Sally would like to find a volunteer opportunity.**

- Staff will assist Sally in finding a volunteer position based on her interests, strengths, and supports needed.
- Staff will provide support at her place of employment.

Employee's Title: Community Habilitation										
Service Locations:		A	Home	B	Community	C	Job Site	D	Other:	
Date: M/D/Y	Time Worked (0:00 AM/PM)		Tot Hrs Worked	Bill	Non Bill	Loc.	Activity Code	Description	Face to Face	Initials
	From	To								
1/13	11:00 AM	4:00 PM	5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B	A2,5	Went to bank to cash check, library for a project	Y	NL
1/13	4:00 PM	4:30 PM	0.50	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Waited in car during Sally's class	N	NL
1/13	4:30 PM	6:00 PM	1.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B	B2,4	Supported in second class, went out for dinner	Y	NL
1/15	10:00 AM	4:00 PM	6.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A,B	A1-5	Laundry/chores, grocery shopping, cooked	Y	NL
1/17	12:00 PM	2:00 PM	2.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Attended a COS training for CPR	N	NL
1/18	12:00 PM	1:00 PM	1.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Met with Sally's volunteer supervisor	N	NL
1/18	1:00 PM	3:00 PM	2.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B	C2	Provided support at volunteer site with tasks	Y	NL
1/18	3:00 PM	3:30 PM	0.50	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Completed documentation during Sally's lunch	N	NL
1/18	3:30 PM	5:00 PM	1.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B	B4	Worked on reading labels on items at vol. site	Y	NL
1/20	11:00 AM	4:00 PM	5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A	A1-3	Assisted with grooming, laundry, mock fire drill	Y	NL
1/20	4:00 PM	4:30 PM	0.50	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Waited in car during Sally's class	N	NL
1/20	4:30 PM	6:00 PM	1.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B	B2, 4	Supported in second class, went to library after	Y	NL
1/25	11:00 AM	12:00 PM	1.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Met with Sally's parents re: volunteer possibilities	N	NL
1/25	12:00 PM	5:00 PM	6.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B	C2, B4	Supported Sally at vol. site, learned prices of items	Y	NL
1/26	11:00 AM	6:00 PM	7.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B	A5,B1,2,4	Attended a college sports game, used LIRR	Y	NL
				<input type="checkbox"/>	<input type="checkbox"/>					
				<input type="checkbox"/>	<input type="checkbox"/>					
				<input type="checkbox"/>	<input type="checkbox"/>					
				<input type="checkbox"/>	<input type="checkbox"/>					
				<input type="checkbox"/>	<input type="checkbox"/>					
				<input type="checkbox"/>	<input type="checkbox"/>					
Total hours worked			41.00							
Additional Comments										

Put your initials in the "Initials" box below for each date a service was provided. This is your attestation that the service was provided on that day.