



\*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.**

1. Staff will assist Sally with cleaning and maintaining her own space.
2. Staff will ensure that Sally is appropriately dressed and groomed.
3. Staff will reinforce fire safety within the home.
4. Staff will practice reading and writing skills.
5. Staff will teach money management skills.

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

1. Staff will teach travel training and provide on-site support to all community based activities.
2. Staff will provide assistance at sporting events, while shopping, at cooking classes, and at her volunteer site(s).
3. Staff will assist Sally with maintaining her physical health by joining a gym.

4. 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.**

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

## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee's Title: <b>Community Habilitation</b>										
Service Locations:		<b>A</b>	Home	<b>B</b>	Community	<b>C</b>	Job Site	<b>D</b>	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.