



CLS Data Log (H2015) - MORC - Section 1 of Timesheet

Please Print

Consumer Name: _____

Caregiver Name: _____

Case #: _____

CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep	Laundry	Routine Household Care	ADLs	Shopping	Money Skills	Socialization Relationship Building	Transport-Community Activity	Leisure Choice	Participation Community Activity	Med. Appt. Attended	Non-medical treatments	Monitor self-administration of meds	Monitor & protect health & safety						

Service Date: ___/___/___ Start Time: _____ Stop Time: _____ Location: Home Community _____

Note: _____

Caregiver Signature: _____ Title: _____ Date: _____

CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Service Date: ___/___/___ Start Time: _____ Stop Time: _____ Location: Home Community _____

Note: _____

Caregiver Signature: _____ Title: _____ Date: _____

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Service Date: ___/___/___ Start Time: _____ Stop Time: _____ Location: Home Community _____

Note: _____

Caregiver Signature: _____ Title: _____ Date: _____

A completed timesheet includes Section 1: CLS Data Log and Respite Notes and Section 2: Time in and time out with an authorized signature.

All CLS shifts must be spent working on the goals in the plan of service and documented to show this. Please refer to definitions and explanations from your Orientation, New Hire Training and other materials received regarding timesheets.