



TIME SHEET / PROGRESS NOTES

				1 st shift		2 nd Shift							
Customer Name: Last, First, MI				Customer Date of Birth				Total Hours Worked		Customer/Guardian Signature/Date			
1st Shift	Start	/ Date /		TIME: 1 2 3 4 5 6 7 8 9 10 11 12				:00	:15	:30	:45	AM	PM
	End	/ Date /		TIME: 1 2 3 4 5 6 7 8 9 10 11 12				:00	:15	:30	:45	AM	PM
	DMH	49002H PCA	49003H PCA	T1019 PCA		T1019-TG PCA		T2021-SE Day Hab					
	DHSS	T1019 PCA	T1019-TF APCA	S5130 Home Chore		S5150 Respite							
	HCY	T1019-EP PCA	T1019-EP-TF APCA	Private Pay		DMH CDS		CDS Broker T2041					
<input type="checkbox"/> Split Shift <input type="checkbox"/> Overnight		<i>Circle Times</i>				<i>Round to nearest 15 minutes</i>				<i>Check off AM or PM</i>			
2nd Shift	Start	/ Date /		TIME: 1 2 3 4 5 6 7 8 9 10 11 12				:00	:15	:30	:45	AM	PM
	End	/ Date /		TIME: 1 2 3 4 5 6 7 8 9 10 11 12				:00	:15	:30	:45	AM	PM
	DMH	49002H PCA	49003H PCA	T1019 PCA		T1019-TG PCA		T2021-SE Day Hab					
	DHSS	T1019 PCA	T1019-TF APCA	S5130 Home Chore		S5150 Respite							
	HCY	T1019-EP PCA	T1019-EP-TF APCA	Private Pay		DMH CDS		CDS Broker T2041					
Training	In Office	On Site	Bridges	Name of Class:									
DMH PROGRESS NOTES ABOVE MUST INCLUDE THE FOLLOWING:													
<i>1. Appointments/Medical or Community Outing 2. Customer's PCP Plan Goals Progress 3. Unusual Incidents 4. A brief explanation of your day with customer</i>													
Code	HCY T1019		Code	HCY T1019TF		Code	DHSS T-1019TF		Code	DHSS S5130			
10	Meal Prep & Clean up		25	Catheter Care		40	Ostomy Hygiene		50	Meals/Dishes			
11	Make Beds/Change Sheets		26	Remove Ext. Catheter		41	Cather Hygiene		51	Clean Kitchen			
12	Brush, comb Shampoo Hair		27	Ostomy Care		42	Bowel Program		52	Clean Bathroom			
13	Bathing		28	Administer Bowel		43	Aseptic Dressing		53	Clean Living Area			
14	Brush Teeth		29	Apply Med.		44	Non-Injectable Meds		54	Make Bed/Change Linens			
15	Clean & Cut Toenails		30	Use Lift Transfer		45	Passive ROM		55	Wash Windows/Blinds			
16	Shave		31	Provide Passive ROM		46	Asst. Trans Device		56	Trash			
17	Instruct Self-sufficiency		32	Apply N. S. Dressing		DHSS S5150			57	Laundry (Home/Off Site)			
18	Assist :Eating		DHSS T1019			47	Hourly		58	Iron/Mend			
19	Assist: Self-Meds		33	Dietary		48	Block (9-12 Hours)		59	Shopping/Errands			
20	Assist: non-Script Lotion		34	Dressing/Grooming		49	Advanced Hourly		60	Essential Correspond			
21	Laundry: Child Related		35	Bathing		Staff Name	PRINT _____ SIGNATURE & DATE					<i>Check one Below</i>	
22	Household Tasks: Child		36	Mobility/Transfer								CNA	
Lift/Transfer: Mark below			37	Toileting								PCA	
23	35# & less		38	Self Admin of Meds								Other	
24	35# & up		39	Med Related Home Chore									

Only correctly completed, signed and dated timesheets will be compensated, all others will be returned for corrections.