

Waiver Documentation for Homemaker Personal Care Services

Staff Coverage		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Staff Initials:	Time In																															
	Time Out																															
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	Time Out																															
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	Time Out																															
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	Time Out																															
Ratio of service is 1:1 unless otherwise specified below																																

Dates and location of services not provided at (list home address):

Date:	Location/Address:	Start time:	End time:

Notes/Observations/Unusual occurrences/Progress notations

Date:	Note:	Initial

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Signature:	Initial	Signature:	Initial	Signature:	Initial

Individual's signature: _____