

**Waiver Documentation for Homemaker Personal Care Services**

<b>Individual's name:</b>		<b>Address of Service:</b>		<b>Month/Year:</b>	
<b>County:</b>	<b>Medicaid #:</b>	<b>Provider:</b>		<b>Provider #:</b>	
<b>Date of ISP</b>					

	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
<b>Services Type:</b>																															
<b>Number of Units:</b>																															
<b>Services Type:</b>																															
<b>Number of Units:</b>																															

*Services are routine HPC unless otherwise indicated as On-Site/On-Call or Level One Emergency*

<b>ISP Supports/Activities</b>	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

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<b>Staff Coverage</b>		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
<b>Staff Initials:</b>	<b>Time In</b>																															
	<b>Time Out</b>																															
<b>Staff Initials:</b>	<b>Time In</b>																															
	<b>Time Out</b>																															
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	<b>Time Out</b>																															
<b>Staff Initials:</b>	<b>Time In</b>																															
	<b>Time Out</b>																															
<b>Ratio of service is 1:1 unless otherwise specified below</b>																																

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

<b>Date:</b>	<b>Location/Address:</b>	<b>Start time:</b>	<b>End time:</b>

**Notes/Observations/Unusual occurrences/Progress notations**

<b>Date:</b>	<b>Note:</b>	<b>Initial</b>

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<b>Signature:</b>	<b>Initial</b>	<b>Signature:</b>	<b>Initial</b>	<b>Signature:</b>	<b>Initial</b>

**Individual's signature:** \_\_\_\_\_