

Homemaker/Personal Care Documentation Sheet

Name of provider :	Beth Johnson
DODD Contract Number:	1234567
Name of Individual receiving service:	John Smith
Medicaid number of individual:	11122333444
Signature of Provider:	<i>Beth Johnson</i>
My signature on this documentation sheet signifies that I have supported the individual as identified in the Individual Service Plan (ISP) and the time in/out and services provided are accurate.	

Type of Service (Routine HPC or HPC/OSOC)	Routine HPC
Date of Service	10/9/15
Place of Service	John's house & the park
Description of service as specified in the ISP	
Meal preparation assistance daily	✓
Assistance with dressing as needed	
Assistance with shopping at least once per week	
Laundry assistance at least once per week	✓
Assistance with safety in the community	✓
On behalf of services - for vacuuming & dusting	
Group Size	1
Time in (Begin Time)	4:00 p.m.
Time out (End Time)	9:00 p.m.
Number of units of service	20