

FY12 Attachment B CLS Weekly Documentation Log

Consumer Name:								
Staff Name:								
	Date:							
	Service Code:	H2015	H2015	H2015	H2015	H2015	H2015	H2015
	Time in :							
	Time out :							
	Total Hours							

Indicate one of the following letters for personal care services as defined within the PCP
Independent (I), Verbal Direction (V), Some Human Assistance (S), Much Human Assistance (M), Dependent (D)

	In PCP (Yes/No)							
Transferring								
Ambulation/Mobility								
Eating								
Toileting								
Bathing								
Dressing								
Grooming								
Taking Medication								
Special Food Prep, Laundry, or Housekeeping								

Indicate one of the following letters as needed for CLS services as defined within the PCP
Independent (I), Verbal Direction (V), Some Human Assistance (S), Much Human Assistance (M), Dependent (D)

	In PCP (Yes/No)							
Meal Preparation								
Shopping for Food and other necessities of daily living								
Money Management								
Non-medical care (not requiring nurse or physical intervention)								
Socialization and relationship building								
Transportation (to/from community activities excluding medical appointments)								
Participation in regular community activities and recreation opportunities (e.g. attending classes, movies, concerts and events in a park; volunteering; voting)								
Attendance at medical appointments								
Acquiring or procuring goods, other than those listed under shopping, and non medical services								

Narrative Section:

Staff Signature: _____ **Date:** _____

Narrative Section:

Staff Signature: _____ **Date:** _____

Narrative Section:

Staff Signature: _____ **Date:** _____

Narrative Section:

Staff Signature: _____ **Date:** _____

Narrative Section:

Staff Signature: _____ **Date:** _____

Narrative Section:

Staff Signature: _____ **Date:** _____

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Staff Signature: _____ **Date:** _____