

## 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>Contract #:</b>																						
<b>ISP Span Date:</b>																																				
<b>ISP Support &amp; Frequency</b>		<b>Date</b>																																		
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>				

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<b>Staffing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	
<b>Initials</b>																																
<b>Time In</b>																																
<b>Time Out</b>																																
<b>Total Units</b>																																

<b>Date</b>	<b>Location of service is Address of Service unless otherwise noted below</b>	<b>Start time</b>	<b>End time</b>

**Ratio of service is 1:1 unless otherwise noted below**

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

<b>Date</b>	<b>Note</b>	<b>Initials</b>

**Signature** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Date** \_\_\_\_\_