Waiver Documentation for Homemaker/Personal Care Services

Individual's name:		Address of Service:		Month/Year:	
County:	Medicaid #:		Provider:		Contract #:
ISP Span Date:					

ISP Support & Frequency	Date																													
	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

Waiver Documentation for Homemaker/Personal Care Services

Staffing	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
Initials																															
Time In																															
Time Out																															
Time In																															
Time Out																															
Total Units																															

Date	Location of service is Address of Service, unless otherwise noted below	Start time	End time

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

Notes/Observations/Unusual occurrences/Progress notations

Date	Note	Initials

Signature _____ **Initials** _____ **Date** _____

Rev. 01/2022

HPC Rule OAC 5123-9-30