## Homemaker Personal Care- WAIVER SERVICE DELIVERY DOCUMENTATION - Cuyahoga County

CONSUMER NAME:

LOCATION of SERVICE

PROVIDER NAME:

PROVIDER #:

MEDICAID #:

SERVICE MONTH: YEAR:

\*\*\*SERVICES ARE ROUTINE HPC UNLESS OTHERWISE INDICATED AS LEVEL ONE EMERGENCY\*\*\*

| DATE                                     | 1 | 2 | 3 | 4 | 5 | <u>6</u> | <u>7</u> | 8 | <u>9</u> | <u>10</u> | <u>11</u> | <u>12</u> | <u>13</u> | <u>14</u> | <u>15</u> | <u>16</u> | <u>17</u> | <u>18</u> | <u>19</u> | <u>20</u> | <u>21</u> | <u>22</u> | <u>23</u> | <u>24</u> | <u>25</u> | <u>26</u> | <u>27</u> | <u>28</u> | <u>29</u> | <u>30</u> | <u>31</u> |
|--|---|---|---|---|---|----------|----------|---|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Time In                                  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
| Time out                                 |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
| # of Units                               |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
| Supports in Plan<br>Duration / Frequency |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|  |   |   |   |   |   |          |          |   |          |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |

\*ALL SERVICES ARE PROVIDED IN THE PERSON'S HOME UNLESS OTHERWISE NOTED. R = refused service ND = Not Delivered

DATE COMMENT: Progress toward Goal, Service locations if other than home, problems delivering services, refusal, unusual incidents & reasons, etc.

| SIGNATURE:            | INITIALS: | DATE: |  |
|-----------------------|-----------|-------|--|
|                       |           |       |  |
| Prepared by AG 012116 |           |       |  |