WAIVER DOCUMENTATION FOR HOMEMAKER/PERSONAL CARE SERVICES MONTHLY

WAIVER RECIPIENT: __Carrie Consumer__ **ADDRESS:** __55 Consumer Lane__ **COUNTY:** __Geauga__

MEDICAID#: 00000000000 PROVIDER NAME: __Paula Provider__ -- **PROVIDER VENDOR#:** 7 digits **DODD CONTRACT#** __that the state gave__

MONTH/YEAR_____ STANDARD STAFFING RATIO: _____RATIO: 1:1 (REQUIRED ONLY IF OTHER CONSUMERS NEEDS COULD NOT BE MONITORED CONCURRENTLY)
*TIME CHANGES WITH FAMILY SUPPORT IN (RED) * FORMAL TRAINING IN (PURPLE) *DOCTORS VISITS IN (BLUE)

DAY	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
IN/ OUT	8am 10am																														
UNIT	08																														
MILES																															

*YELLOW DAILY ***GREEN WEEKLY** ***MONTHLY** ***QUARTERLY/YEARLY**

DAILY	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
assist with making bed PP 1 x daily																															

DAILY	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

DAILY	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

WEEKLY	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

WEEKLY	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

WEEKLY	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

MONTHLY	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
MONTHLY																															
MONTHLY	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

QUARTERLY/YEARLY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

WAIVER RECIPIENT: ----------------------------------ADDRESS: --

MEDICAID#: -------------------------------_PROVIDER NAME: ---------------------------- **PROVIDER VENDOR#: -------------------- DODD CONTRACT# --------------------**

MONTH/YEAR_____ STANDARD STAFFING RATION: 1:1, 1:2 TRAINING RATIO: 1:1 (REQUIRED ONLY IF OTHER CONSUMERS NEEDS COULD NOT BE MONITORED CONCURRENTLY)

CASE LOG FOR: OBSERVATIONS/ COMMENTS/ UNUSUAL OCCURRENCES/ SERVICE REFUSALS/ LOCAION OF SERVICE IF OTHER THAN THE HOME

DATE	ENTERY & INITIALS --
	Did the individual refuse services? How did they react to services, did every thing go smoothly

I CERTIFY THAT I PROVIDED THE SERVICES AS NOTED IN THIS RECORD IN ACCORDANCE WITH THE WAIVER RECIEPIENT'S ISP.

SIGNATURE make sure you sign		INITIALS	
*Reviewed UI/MUI for trends/patterns: (list date and initial on blanks) WK 1_____ WK2_____ WK3_____WK4_____ MONTH_____QUARTERLY_____ YEARLY_____			