

Homemaker/Personal Care Documentation Sheet

OAC 5123:2-9-30

Name of provider :	Name of Individual receiving service : Bobby Bernhard III																
DODD Contract Number:	Medicaid number of individual :																
Signature of Provider :																	
My signature on this documentation sheet signifies that I have supported the individual as identified in the Individual Service Plan (ISP) and the time in/out and services provided are accurate.																	
Type of Service (HPC or HPC/OSOC)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 15px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																
Date of Service	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 15px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																
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Outcomes: Start date: Expected completion date:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"><td style="width: 12.5%; height: 15px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> <tr><td style="width: 12.5%; height: 15px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																
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Description of service as specified in the ISP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"><td style="width: 12.5%; height: 15px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> <tr><td style="width: 12.5%; height: 15px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																
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Time in (Begin Time)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 15px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																
Time out (End Time)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 15px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																
Number of units of service	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 15px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																

Notes: (please include updates on individual's progress toward outcomes, as applicable) _____
