**Fax to: (269) 553-8104**

**Time Sheet** **/1:1/Hourly Only**

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| --- | --- | --- | --- | --- | --- |
| Day | Date | Code | Time In | Time Out | Sub Total |
| Sun |  | H2015 |  |  |  |
| Sun |  | H2015 |  |  |  |
| Total Time: | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| Day | Date | Code | Time In | Time Out | Sub Total |
| Mon |  | H2015 |  |  |  |
| Mon |  | H2015 |  |  |  |
| Total Time: | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| Day | Date | Code | Time In | Time Out | Sub Total |
| Tues |  | H2015 |  |  |  |
| Tues |  | H2015 |  |  |  |
| Total Time: | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| Day | Date | Code | Time In | Time Out | Sub Total |
| Wed |  | H2015 |  |  |  |
| Wed |  | H2015 |  |  |  |
| Total Time: | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| Day | Date | Code | Time In | Time Out | Sub Total |
| Thurs |  | H2015 |  |  |  |
| Thurs |  | H2015 |  |  |  |
| Total Time: | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| Day | Date | Code | Time In | Time Out | Sub Total |
| Fri |  | H2015 |  |  |  |
| Fri |  | H2015 |  |  |  |
| Total Time: | | | | |  |

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| --- | --- | --- | --- | --- | --- |
| Day | Date | Code | Time In | Time Out | Sub Total |
| Sat |  | H2015 |  |  |  |
| Sat |  | H2015 |  |  |  |
| Total Time: | | | | |  |

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| **Overtime Hours:** |  | **Total Awake:** |  |
| **Training Hours:** |  | **Total Asleep:** |  |
| **Holiday Hours:** |  | **TOTAL HOURS:** |  |

**Support Note**

**Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Responsibilities: Please document below current status of customer, progress and level of participation toward specific goals/objectives addressed during the encounter, interventions offered by the staff, customer’s response to activities and any choices they made**

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| Goal/Objective | | **S** | **M** | **T** | **W** | T | **F** | **S** | Goal/Objective | **S** | **M** | **T** | W | **T** | **F** | **S** |
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| **Date:** | **Location or Method of Delivery (office, home, community, school, etc):** | | | | | | | | | | | | | | | |
| Start Time:  Stop Time: |  | | | | | | | | | | | | | | | |
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| ***Signature and Date:*** | | | | | | | | | | | | | | | |
| **Date:** | **Location or Method of Delivery (office, home, community, school, etc):** | | | | | | | | | | | | | | | |
| Start Time:  Stop Time: |  | | | | | | | | | | | | | | | |
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| **Date:** | **Location or Method of Delivery (office, home, community, school, etc):** | | | | | | | | | | | | | | | |
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| **Date:** | **Location or Method of Delivery (office, home, community, school, etc):** |
| Start Time:  Stop Time: |  |
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| ***Signature and Date:*** |