

Independent Living Skills

Client Name: _____ **Employee Name** _____

For the week of **Thursday** ___/___/___ thru **Wednesday** ___/___/___
MM DD YY MM DD YY

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS	TIME ALLOTMENT PER SERVICE AREA			
Thurs					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
Fri					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
Sat					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
Sun					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
Mon					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
Tue					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
Wed					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____
					Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____	Service area _____ Time spent _____

Total Hours For Week:	
------------------------------	--

- SERVICE AREA KEY:**
1. Nutritional Management
 2. Household Management
 3. Participation in Purposeful Activities
 4. Community Orientation and Mobility
 5. Time Management
 6. Safety and Self Defense
 7. Service Provider Management
 8. Personal and Health Care Maintenance
 9. Relationships and Communication
 10. Civic Awareness, Rights, and Public Assistance
 11. Problem Solving
 12. Housing

Employee Signature _____ Date _____

Client/Guardian Signature _____ Date _____

NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY THURSDAY BY NOON FOLLOWING THE WEEK WORKED.