Homemaker/Personal Care Documentation Sheet

Name of provider : Duty of Hope LLC.	**Name of Individual receiving service :** Jeremy Tyler
DODD Contract Number: 2573790	**Medicaid number of individual:**123456789
Signature of Provider: Duty of Hope	(This is signed by a member of Duty of Hope- Do not fill out)
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 (Routine HPC or HPC/OSOC)	Routine HPC	Routine	routine h	routine h	routine h	routine h	routine
Date of Service	7/1/22	7/2/22	7/3/22	7/4/22	7/5/22	7/6/22	7/7/22
Place of Service	my house	my house	Jeremy's home	Jeremy's home	my house	my house	my house
Description of service as specified in the ISP							
Prep and serve breakfast lunch or dinner	✔	✔	✔	✔	✔	✔	✔
Dressing any daily morning routine		✔	✔	✔	✔	✔	
Assistance with safe enviroment while playing	✔	✔	✔	✔	✔		
Take to doctor's appointments		✔			✔		
monitor while eating	✔	✔	✔	✔	✔	✔	✔
assist with bedtime routine	✔					✔	✔
overnight supervision	✔					✔	✔
Group Size	1	1	1	1	1	1	1
Time in (Begin Time)	9:00 pm	4:00pm	4:00 pm	4:00 pm	4:00pm	9:00 pm	8:00 am
Time out (End Time)	8:00 am	9:00 pm	9:00 pm	9:00 pm	9:00 pm	8:00 am	12:00 p
Number of units of service	44	20	20	20	20	44	16

Notes:

MUIs x2 this week, Jeremy was agitated during the week. During the weekend had no behavioral issues.

We trialed letting him eat with a fork and spoon this week. he did well!

[This is a documentation form designed for Duty of Hope LLC., by DODD to be in compliance with rules that were in effect at the time of development 7/5/2022.

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