

## Self-Determination Time Sheet

Consumer Name:

Provider/Staff Name:

Month & Year:

|  | Day:   |  |  |                            |                                    |  |               |  |  |  |  |  |  |
|--|--|--|--|----------------------------|------------------------------------|--|---------------|--|--|--|--|--|--|
|  | Date:  |  |  |                            |                                    |  |               |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Service Code</th> </tr> </thead> <tbody> <tr> <td>H2015 U7 Community Living Support 15 min</td> </tr> <tr> <td>H2015 U7UN: Shared (2 consumers)<br/>CLS 15 min</td> </tr> <tr> <td>T1005 U7 Respite 15 minute</td> </tr> <tr> <td>H0045 U7 Respite Overnight Per Day</td> </tr> <tr> <td>TR: Training (Online, In-Class, Other)</td> </tr> </tbody> </table> | Service Code                                   | H2015 U7 Community Living Support 15 min | H2015 U7UN: Shared (2 consumers)<br>CLS 15 min | T1005 U7 Respite 15 minute | H0045 U7 Respite Overnight Per Day | TR: Training (Online, In-Class, Other) | Service Code: |  |  |  |  |  |  |
|  | Service Code                                   |  |  |                            |                                    |  |               |  |  |  |  |  |  |
|  | H2015 U7 Community Living Support 15 min       |  |  |                            |                                    |  |               |  |  |  |  |  |  |
|  | H2015 U7UN: Shared (2 consumers)<br>CLS 15 min |  |  |                            |                                    |  |               |  |  |  |  |  |  |
|  | T1005 U7 Respite 15 minute                     |  |  |                            |                                    |  |               |  |  |  |  |  |  |
|  | H0045 U7 Respite Overnight Per Day             |  |  |                            |                                    |  |               |  |  |  |  |  |  |
| TR: Training (Online, In-Class, Other)   |  |  |  |                            |                                    |  |               |  |  |  |  |  |  |
| Time in :  |  |  |  |                            |                                    |  |               |  |  |  |  |  |  |
| Time out :   |  |  |  |                            |                                    |  |               |  |  |  |  |  |  |
| Time in :  |  |  |  |                            |                                    |  |               |  |  |  |  |  |  |
| Time out :   |  |  |  |                            |                                    |  |               |  |  |  |  |  |  |

**Personal Care (Guide and Direct only)**

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Meal Preparation   |  |  |  |  |  |  |  |
| Laundry  |  |  |  |  |  |  |  |
| Routine, Seasonal & Heavy Household care and maintenance |  |  |  |  |  |  |  |
| Eating   |  |  |  |  |  |  |  |
| Bathing  |  |  |  |  |  |  |  |
| Dressing   |  |  |  |  |  |  |  |
| Personal Hygiene   |  |  |  |  |  |  |  |
| Medication Administration/Monitoring                     |  |  |  |  |  |  |  |
| Shopping for food and other necessities of daily living  |  |  |  |  |  |  |  |

**Community Living Supports**

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Money Management  |  |  |  |  |  |  |  |
| Non Medical Care (not requiring a nurse or physician intervention)                            |  |  |  |  |  |  |  |
| Socialization and Relationship building/Supervision   |  |  |  |  |  |  |  |
| Transportation (excludes to and from medical appointments)                                    |  |  |  |  |  |  |  |
| Participation in regular community activities and recreation opportunities                    |  |  |  |  |  |  |  |
| Attendance at medical appointments  |  |  |  |  |  |  |  |
| Acquiring or procuring goods, other than those listed under shopping and non medical services |  |  |  |  |  |  |  |

Total Hours:

Progress Note Completed (Staff Initial box daily)

SD Staff Signature

Consumer/Guardian/Representative

**Note: Please be sure that the progress note you have written also matches this time sheet, including dates, times, codes. If they do not match you risk having future funds deducted from your check.**