



**EXAMPLE**

**Butler County Homemaker Personal Care Documentation Sheet**

X Routine \_\_\_ On-Site/On Call \_\_\_ Level I Emergency

Name: Carl Consumer	Month: Sept.
Medicaid # (Consumers)	Year: 2012
Contract Provider # (Your No.)	Page 2 of 4
Service Period: 2/3/12 – 2/2/13	
Provider: Pattie Provider	

Frequency/Duration:
_____ Units Daily
_____ Units Weekly
_____ Units Monthly
<u>1200</u> Units Yearly

SUPPORT AREA FREQUENCY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<b>WEEKLY (eg.1x,2x,3x)</b>																																
Load dishwasher 2x weekly		P P		P P				P P			P P				P P			P P				P P				P P				P P		
<b>Monthly (eg.1x,2x,3x)</b>																																
Check smoke detectors monthly													P P																			
<b>Quarterly</b>																																
<b>RATIO (if other than 1:1)</b>																																
<b>TIME IN :</b>		4 P		4 P				4 P			4 P		4 P		4 P			4 P				4 P			4 P				4 P			
<b>TIME OUT:</b>		6 P		6 P				6 P			6 P		6 P		6 P			6 P				6 P			6 P				6 P			
<b>UNITS PROVIDED:</b>		8		8				8			8		8		8			8				8			8				8			

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SIGNATURE/ TITLE	INITIALS	SIGNATURE/ TITLE	INITIALS
<i>Pattie Provider</i>	<i>PP</i>		
<i>Revised</i>			

(My initials on the Document sheet and the corresponding signature/ title above signify that I have supported Carl as outlined in his ISP

**Location:** unless otherwise noted, all services were provided in the person's home.

**Variations:**

Date of Variation: NA

Type of Variation: (check all that apply) \_\_\_ staff to individual ratio \_\_\_ times of service delivery \_\_\_ group size \_\_\_ type of service

Reason(s) for variation: \_\_\_\_\_

Actual staff to individual ratio: \_\_\_:\_\_\_ Time period of variation: \_\_\_\_\_

Date of Variation: \_\_\_\_\_

Type of Variation: (check all that apply) \_\_\_ staff to individual ratio \_\_\_ times of service delivery \_\_\_ group size \_\_\_ type of service

Reason(s) for variation: \_\_\_\_\_

Actual staff to individual ratio: \_\_\_:\_\_\_ Time period of variation: \_\_\_\_\_

Date of Variation: \_\_\_\_\_

Type of Variation: (check all that apply) \_\_\_ staff to individual ratio \_\_\_ times of service delivery \_\_\_ group size \_\_\_ type of service

Reason(s) for variation: \_\_\_\_\_

Actual staff to individual ratio: \_\_\_:\_\_\_ Time period of variation: \_\_\_\_\_