

<b>DSW: _____ Participant: _____</b>	<table style="width:100%; border: none;"> <tr> <td style="border: none; text-align: center; padding: 0 20px;">PCS</td> <td style="border: none; text-align: center;">ECS</td> </tr> </table>	PCS	ECS
PCS	ECS		

Pay-Period: [   ] to [   ]	
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Year 20 _____	Mos/Da	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day
<b>Month &amp; Day</b>	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
<b>Time In</b>																	
<b>Time Out</b>																	
<b>Time In</b>																	
<b>Time Out</b>																	
<b>Time In</b>																	
<b>Time Out</b>																	
11 Bathing																	
12 Dressing																	
13-17 Grooming																	
18 Prosthetic/Orthotic																	
19 Toileting																	
20 Transfer																	
21 Walking/Mobility																	
22 Wheelchair Maneuvering																	
23 Eating																	
24 Meal (Plan, Prep, Clean Up)																	
25 Shopping/Errands																	
26 Medication Admin																	
27 Transportation																	
28 Use of Telephone																	
29 Laundry																	
30 Housekeeping																	
31 Minor Sewing/Mending																	
32 Other Health Maint																	
34 Community Assist																	
35 Supervision																	
38 Money Management																	
39 Teaching Opportunities																	
40 Leisure/Recreation																	
<b>DSW Initials</b>																	
<b>Total Hours/Day</b>																	

Comments:	

By signing, the Direct Support Worker & Representative Managing Employer acknowledge that the DSW has worked the above logged dates and times & that the Participant was NOT in a hospital, day program, school, work or any other facility during any of the of the above dates.

DSW	Date
Representative Managing Employer	Date