

Independent Living Skills - AHS

Client Name: _____ Employee Name _____

For the week of: **Sunday** _____ thru **Saturday** _____

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS	TIME ALLOTMENT PER SERVICE AREA			
					Service area _____	Time spent _____	Service area _____	Time spent _____
SUN					Service area _____	Time spent _____	Service area _____	Time spent _____
MON					Service area _____	Time spent _____	Service area _____	Time spent _____
TUE					Service area _____	Time spent _____	Service area _____	Time spent _____
WED					Service area _____	Time spent _____	Service area _____	Time spent _____
THU					Service area _____	Time spent _____	Service area _____	Time spent _____
FRI					Service area _____	Time spent _____	Service area _____	Time spent _____
SAT					Service area _____	Time spent _____	Service area _____	Time spent _____

WEEKLY TOTAL	
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- 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 _____

Guardian Signature _____ Date _____

LeadFSM Signature _____ Date _____

NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 10:00 AM FOLLOWING THE WEEK WORKED. PLEASE CALL AFTER YOU SEND YOUR TIME SHEETS TO MAKE SURE THEY WERE RECEIVED. BLANK TIMESHEETS CAN BE FOUND AT OUR WEBSITE
WWW.ALLIANCEHEALTHCARE.COM