Homemaker/Personal Care Documentation Sheet

Name of provider :	**Name of Individual receiving service :**
DODD Contract Number:	**Medicaid number of individual:**
Signature of Provider:	
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)							
Date of Service							
Place of Service							
Description of service as specified in the ISP							
Group Size							
Time in (Begin Time)							
Time out (End Time)							
Number of units of service							

Notes:_____

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[This is a sample documentation form designed for an Independent Provider by DODD to be in compliance with rules that were in effect at the time of development [1/1/2014]. This is not an official document, and there is no requirement that providers use this particular document, nor is there any guarantee that this form will be in compliance with later rules. It remains the responsibility of the provider to be familiar with all applicable rules, including those covering service delivery and documentation. Use of this form for documentation is not a guarantee of payment, and services must be provided before claims are submitted for reimbursement.]