## Sample Homemaker/Personal Care Documentation Sheet

OAC 5123:2-9-30(E)

(Designed for an Independent Provider by DODD 1/1/2014)

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	
Date of Service	
Place of Service	
Description of service as specified in the ISP (SCOPE)	
Group Size	
Time in (Begin Time)	
Time out (End Time) Number of units of service	
Number of units of service	
Notes:	