



TIME LOG
IN-HOME SERVICE:
LEVEL I- HOME MANAGEMENT

Report _____ to _____
 Period: Month / Day / Year Month / Day / Year

Authorization# _____
 Type of Payment _____

Day of Month	Time Work Began	Time Work Ended	Total Time Worked
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			

In-Home Services Aide

Name: _____

Address: _____

Social Security#: _____

Vendor I.D.#: _____

Consumer

Name: _____

Address: _____

Social Security#: _____

CERTIFICATION

For In-Home Service Aide: I certify that the hours were worked by me during the report period shown above.

 Signature of In-Home Services Aide Date

For Consumer: I certify that I received the services shown above, that the hours shown above are correct, and that the work was performed in a satisfactory manner.

Signature of Client **Date**

 Witness (if client signs with "x")

Enter any comments below: _____

 Signature of SWB Date

 SWB's Worker Number/ County

COMPLETED BY DSB STAFF: Total Hours _____ x Hrly. Rate \$ _____ = \$ _____ Total Amount Payable