

ILST VISIT RECORD

Client Name: _____ Week Ending Date _____

Aide Name: _____ Signature: _____ Date: _____

Enter date and time In and time Out (to include AM or PM) and assure that client signs on each day worked.

Date of Service	Day of Week	Time IN	Time OUT	Time IN	Time OUT	Client Must Sign Timesheets Daily.
	Sunday					Client Signature: _____
	Monday					Client Signature: _____
	Tuesday					Client Signature: _____
	Wednesday					Client Signature: _____
	Thursday					Client Signature: _____
	Friday					Client Signature: _____
	Saturday					Client Signature: _____
						Total Hours Worked: _____

On each assigned day, enter date and a place a check next to each activity completed. If activity was not performed as per the care plan, document the reason in the "comments" section and note name of clinician notified. The Activity sheets (timesheet) must be **fully completed** for each assigned day. To ensure payment you **MUST** mark a check next to all activities you provided for each date you provided care.

Assignment (Must Have 5 or More Tasks)	SUN	MON	TUE	WED	THU	FRI	SAT	Comments:
80 Diet monitoring/meal preparation								
81 Interpersonal social skills								
82 Instruction, teaching, cueing								
83 Educational planning								
84 Emergency and safety skills								
85 Money management								
CLIENT REPRESENTATIVE INITIAL								
NUMBER OF TASKS								

Note: All Timesheets MUST be Received Every Monday by 10:00 AM Following the Week Worked. Confirm Receipt by Calling