

HCBS/FE ENHANCED CARE SERVICES LOG

Customer Name: _____

Date (MM/DD/YY):	Start Time:	End Time:	Total Hours:	Customer initials:	Worker Initials:
Sun:	AM PM	AM PM			
Mon:	AM PM	AM PM			
Tues:	AM PM	AM PM			
Wed:	AM PM	AM PM			
Thurs:	AM PM	AM PM			
Fri:	AM PM	AM PM			
Sat:	AM PM	AM PM			
Customer Signature:					
Worker Signature:					
Sun:	AM PM	AM PM			
Mon:	AM PM	AM PM			
Tues:	AM PM	AM PM			
Wed:	AM PM	AM PM			
Thurs:	AM PM	AM PM			
Fri:	AM PM	AM PM			
Sat:	AM PM	AM PM			
Customer Signature:					
Worker Signature:					
Sun:	AM PM	AM PM			
Mon:	AM PM	AM PM			
Tues:	AM PM	AM PM			
Wed:	AM PM	AM PM			
Thurs:	AM PM	AM PM			
Fri:	AM PM	AM PM			
Sat:	AM PM	AM PM			
Customer Signature:					
Worker Signature:					

Date (MM/DD/YY):	Start Time:	End Time:	Total Hours:	Customer initials:	Worker Initials:
Sun:	AM PM	AM PM			
Mon:	AM PM	AM PM			
Tues:	AM PM	AM PM			
Wed:	AM PM	AM PM			
Thurs:	AM PM	AM PM			
Fri:	AM PM	AM PM			
Sat:	AM PM	AM PM			
Customer Signature:					
Worker Signature:					
Sun:	AM PM	AM PM			
Mon:	AM PM	AM PM			
Tues:	AM PM	AM PM			
Wed:	AM PM	AM PM			
Thurs:	AM PM	AM PM			
Fri:	AM PM	AM PM			
Sat:	AM PM	AM PM			
Customer Signature:					
Worker Signature:					

Signatures certify this information is correct and the above documented services were provided.

Comments: _____

