

State of Illinois  
 Department of Aging  
 HCA Timesheet-CCP Program  
 DECEMBER 2016

Participant's

\_\_\_\_\_  
 Last Name First Name

HCA's

\_\_\_\_\_  
 Last Name First Name

EMCAN

Auth. Hours/Day \_\_\_\_x\_\_\_\_ Days/Week Auth. Units (Per/Wk) \_\_\_\_ (Per/Mth) \_\_\_\_

WEEK 1 to 4				THU - 1	FRI - 2	SAT - 3	SUN - 4	TOTAL
START TIME				AM	AM	AM	AM	
				PM	PM	PM	PM	
END TIME				AM	AM	AM	AM	
				PM	PM	PM	PM	
WEEK 5 to 11	MON - 5	TUE - 6	WED - 7	THU - 8	FRI - 9	SAT - 10	SUN - 11	TOTAL
START TIME	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
END TIME	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
WEEK 12 to 18	MON - 12	TUE - 13	WED - 14	THU - 15	FRI - 16	SAT - 17	SUN - 18	TOTAL
START TIME	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
END TIME	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
WEEK 19 to 25	MON - 19	TUE - 20	WED - 21	THU - 22	FRI - 23	SAT - 24	SUN - 25	TOTAL
START TIME	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
END TIME	AM	AM	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	PM	PM	
WEEK 26 to 31	MON - 26	TUE - 27	WED - 28	THU - 29	FRI - 30	SAT - 31	TOTAL	
START TIME	AM	AM	AM	AM	AM	AM		
	PM	PM	PM	PM	PM	PM		
END TIME	AM	AM	AM	AM	AM	AM		
	PM	PM	PM	PM	PM	PM		

The following signatures certify that service was provided and received as specified.

TOTAL

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HCA's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**December 2016**

**Participant's Daily Task List Log by HCA**

**Participant's**

\_\_\_\_\_  
 Last Name First Name Agency No.

**HCA's**

\_\_\_\_\_  
 Last Name First Name Employee No.

<b>DAY</b>	<b>Dates</b>	<b>Eat</b>	<b>Bath</b>	<b>Groom</b>	<b>Dress</b>	<b>Tranfer</b>	<b>Cont.</b>	<b>TEL</b>	<b>Food Prep.</b>	<b>Laundry</b>	<b>Housework</b>	<b>Shop/Errand</b>	<b>R/Health</b>	<b>B/Alone</b>	<b>Misc</b>
THU	12/1/2016														
FRI	12/2/2016														
SAT	12/3/2016														
SUN	12/4/2016														
MON	12/5/2016														
TUE	12/6/2016														
WED	12/7/2016														
THU	12/8/2016														
FRI	12/9/2016														
SAT	12/10/2016														
SUN	12/11/2016														
MON	12/12/2016														
TUE	12/13/2016														
WED	12/14/2016														
THU	12/15/2016														
FRI	12/16/2016														
SAT	12/17/2016														
SUN	12/18/2016														
MON	12/19/2016														
TUE	12/20/2016														
WED	12/21/2016														
THU	12/22/2016														
FRI	12/23/2016														
SAT	12/24/2016														
SUN	12/25/2016														
MON	12/26/2016														
TUE	12/27/2016														
WED	12/28/2016														
THU	12/29/2016														
FRI	12/30/2016														
SAT	12/31/2016														

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HCA's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_