**State of Illinois**
**Department of Aging**
**HCA Timesheet-CCP Program**
**DECEMBER 2017**

**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 3 | | | | | FRI - 1 | SAT - 2 | SUN - 3 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| START TIME | | | | | AM | AM | AM | |
| | | | | | PM | PM | PM | |
| END TIME | | | | | AM | AM | AM | |
| | | | | | PM | PM | PM | |

| WEEK 4 to 10 | MON - 4 | TUE - 5 | WED - 6 | THU - 7 | FRI - 8 | SAT - 9 | SUN - 10 | 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 11 to 17 | MON - 11 | TUE - 12 | WED - 13 | THU - 14 | FRI - 15 | SAT - 16 | SUN - 17 | 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 18 to 24 | MON - 18 | TUE - 19 | WED - 20 | THU - 21 | FRI - 22 | SAT - 23 | SUN - 24 | 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 25 to 31 | MON - 25 | TUE - 26 | WED - 27 | THU - 28 | FRI - 29 | SAT - 30 | SUN - 31 | 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 | |

**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 2017

## Participant's Daily Task List Log by HCA

**Participant's** Last Name First Name Agency No.

**HCA's** Last Name First Name Employee No.

| DAY | Dates | Eat | Bath | Groom | Dress | Tranfer | Cont. | TEL | Food Prep. | Laundry | Housework | Shop/Errand | R/Health | B/Alone | Misc |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FRI | 12/1/2017 | | | | | | | | | | | | | | |
| SAT | 12/2/2017 | | | | | | | | | | | | | | |
| SUN | 12/3/2017 | | | | | | | | | | | | | | |
| MON | 12/4/2017 | | | | | | | | | | | | | | |
| TUE | 12/5/2017 | | | | | | | | | | | | | | |
| WED | 12/6/2017 | | | | | | | | | | | | | | |
| THU | 12/7/2017 | | | | | | | | | | | | | | |
| FRI | 12/8/2017 | | | | | | | | | | | | | | |
| SAT | 12/9/2017 | | | | | | | | | | | | | | |
| SUN | 12/10/2017 | | | | | | | | | | | | | | |
| MON | 12/11/2017 | | | | | | | | | | | | | | |
| TUE | 12/12/2017 | | | | | | | | | | | | | | |
| WED | 12/13/2017 | | | | | | | | | | | | | | |
| THU | 12/14/2017 | | | | | | | | | | | | | | |
| FRI | 12/15/2017 | | | | | | | | | | | | | | |
| SAT | 12/16/2017 | | | | | | | | | | | | | | |
| SUN | 12/17/2017 | | | | | | | | | | | | | | |
| MON | 12/18/2017 | | | | | | | | | | | | | | |
| TUE | 12/19/2017 | | | | | | | | | | | | | | |
| WED | 12/20/2017 | | | | | | | | | | | | | | |
| THU | 12/21/2017 | | | | | | | | | | | | | | |
| FRI | 12/22/2017 | | | | | | | | | | | | | | |
| SAT | 12/23/2017 | | | | | | | | | | | | | | |
| SUN | 12/24/2017 | | | | | | | | | | | | | | |
| MON | 12/25/2017 | | | | | | | | | | | | | | |
| TUE | 12/26/2017 | | | | | | | | | | | | | | |
| WED | 12/27/2017 | | | | | | | | | | | | | | |
| THU | 12/28/2017 | | | | | | | | | | | | | | |
| FRI | 12/29/2017 | | | | | | | | | | | | | | |
| SAT | 12/30/2017 | | | | | | | | | | | | | | |
| SUN | 12/31/2017 | | | | | | | | | | | | | | |

**Participant's Signature:** _____ **Date:** _____

**HCA's Signature:** _____ **Date:** _____

**Supervisor's Signature:** _____ **Date:** _____