State of Illinois
Department of Aging
HCA Timesheet-CCP Program
January 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							SUN- 1	TOTAL
START TIME							AM	
							PM	
END TIME							AM	
							PM	
WEEK 2 to 8	**MON - 2**	**TUE - 3**	**WED - 4**	**THU - 5**	**FRI - 6**	**SAT - 7**	**SUN - 8**	**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 9 to 15	**MON - 9**	**TUE - 10**	**WED - 11**	**THU - 12**	**FRI - 13**	**SAT - 14**	**SUN - 15**	**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 16 to 22	**MON - 16**	**TUE - 17**	**WED - 18**	**THU - 19**	**FRI - 20**	**SAT - 21**	**SUN - 22**	**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 23 to 29	**MON - 23**	**TUE - 24**	**WED - 25**	**THU - 26**	**FRI - 27**	**SAT - 28**	**SUN - 29**	**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 30 to 31	**MON - 30**	**TUE - 31**						**TOTAL**
START TIME	AM	AM						
	PM	PM						
END TIME	AM	AM						
	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:** _____

January 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
SUN	1/1/2017														
MON	1/2/2017														
TUE	1/3/2017														
WED	1/4/2017														
THU	1/5/2017														
FRI	1/6/2017														
SAT	1/7/2017														
SUN	1/8/2017														
MON	1/9/2017														
TUE	1/10/2017														
WED	1/11/2017														
THU	1/12/2017														
FRI	1/13/2017														
SAT	1/14/2017														
SUN	1/15/2017														
MON	1/16/2017														
TUE	1/17/2017														
WED	1/18/2017														
THU	1/19/2017														
FRI	1/20/2017														
SAT	1/21/2017														
SUN	1/22/2017														
MON	1/23/2017														
TUE	1/24/2017														
WED	1/25/2017														
THU	1/26/2017														
FRI	1/27/2017														
SAT	1/28/2017														
SUN	1/29/2017														
MON	1/30/2017														
TUE	1/31/2017														

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

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

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