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

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

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

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

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