

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

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

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

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

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

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

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

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