INDIVIDUAL'S NAME: _	<u>_</u>													PR	OVID	ER N	AME:														
PLACE OF SERVICE (A	Addre	ss): _												PR	OVID	ER #:															
INDIVIDUAL'S MEDICA	ID #:																														_
DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time In																															
Time out																															
Time In																													1		
Time out																															
# of Units																													<del>                                     </del>		
Ratio of service if other than 1:1																													1		
Supports in Plan Duration / Frequency																															
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Sample Key (staff initials = service delivered R = refused service ND = Not Delivered)

Homemaker Personal Care (HPC) - SERVICE DELIVERY DOCUMENTATION FORM -

County \_\_\_\_\_

INIDIV (ID. :	ALIC NAME.	PROVIDED MAKE	DDOWDED NAME						
	AL'S NAME:		PROVIDER NAME:						
	F SERVICE (Address):		PROVIDER #:						
NDIVIDU	AL'S MEDICAID #:	SERVICE MONTH:	YEAR:	ISP Span: _					
Date	Location of Services is Address of Service, unless	s otherwise noted below		Start Time	End time				
otes/Ob Date	Note				Initials				
	Tiolo				miliaio				
utcome L	Ocumentation (if applicable) to be maintained on separate O	utcome Documentation sheet							
inted Nar	ne:Signature:		INITIALS:	DAT	ΓΕ:				
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Sample HPC Documentation September 2023