

Unlicensed CLS Direct Care Progress Note Template

Service Date:		Consumer Name/Initials:	
Consumer ID#:			Staff Name / Initials

Enter the following information for each service period:

Times	Enter Service Start Time	Enter Service Stop Time	Total Billable CLS Hours	Circle Number of Consumers Served by Employee	Identify Activities Completed With Individual and Check Off if that activity was completed		
A	AM / PM	AM / PM		1	2 (UN)	<input type="checkbox"/>	<input type="checkbox"/>
				3 (UP)	4 (UQ)	<input type="checkbox"/>	<input type="checkbox"/>
				5 (UR)	6+(US)	<input type="checkbox"/>	<input type="checkbox"/>
Notes:							
B	AM / PM	AM / PM		1	2 (UN)	<input type="checkbox"/>	<input type="checkbox"/>
				3 (UP)	4 (UQ)	<input type="checkbox"/>	<input type="checkbox"/>
				5 (UR)	6+(US)	<input type="checkbox"/>	<input type="checkbox"/>
Notes:							
C	AM / PM	AM / PM		1	2 (UN)	<input type="checkbox"/>	<input type="checkbox"/>
				3 (UP)	4 (UQ)	<input type="checkbox"/>	<input type="checkbox"/>
				5 (UR)	6+(US)	<input type="checkbox"/>	<input type="checkbox"/>
Notes:							
D	AM / PM	AM / PM		1	2 (UN)	<input type="checkbox"/>	<input type="checkbox"/>
				3 (UP)	4 (UQ)	<input type="checkbox"/>	<input type="checkbox"/>
				5 (UR)	6+(US)	<input type="checkbox"/>	<input type="checkbox"/>
Notes:							

Overnight Health and Safety Hours for Eligible Individuals (C-Waiver covered individuals authorized with H201X)

T2027	AM / PM	AM / PM		1	2 (UN)	<input type="checkbox"/>	<input type="checkbox"/>
				3 (UP)	4 (UQ)	<input type="checkbox"/>	<input type="checkbox"/>
				5 (UR)	6+(US)	<input type="checkbox"/>	<input type="checkbox"/>
Notes:							

Staff Signature 	Date
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