

Weekly Staffing for Site (Including Home Help)

Provider Name: _____

Site Name: _____

Effective Date: _____

Provider Contact Person: _____

Phone: _____

Consumer ID and Initials: _____

Home Help Hours _____ Per Month

Consumer ID and Initials: _____

Home Help Hours _____ Per Month

Consumer ID and Initials: _____

Home Help Hours _____ Per Month

Consumer ID and Initials: _____

Home Help Hours _____ Per Month

0.00 Total Per Month

Total number of consumers at this site _____

Enter an "x" for each staff on duty at the site that hour, indicate one-on-one staffing by entering the consumers initials

Add all "x" for the day = Total staff hours for the day

Staffing

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
12mid							
1a							
2a							
3a							
4a							
5a							
6a							
7a							
8a							
9a							
10a							
11a							
12noon							
1p							
2p							
3p							
4p							
5p							
6p							
7p							
8p							
9p							
10p							
11p							

Total Staff Hours							
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NOTES

Prepared & Signed By (Provider): _____

Prepared & Signed By (CMH Case Mgr): _____

Signed By (CMH Supervisor): _____