Sample Homemaker/Personal Care Documentation Sheet

OAC 5123:2-9-30(E)

(Designed for an Independent Provider by DODD 1/1/2014)

Name of provider (6) **:**	**Name of Individual receiving service** (4) **:**
DODD Contract Number (7) **:**	**Medicaid number of individual** (5) **:**
Signature of Provider (8) **:**	
My signature on this documentation sheet signifies that I have supported the individual as identified in the Individual Service Plan (ISP) and the time in/out and services provided are accurate.	

Type of Service (Routine HPC or HPC/OSOC) (1)							
Date of Service (2)							
Place of Service (3)							
Description of service as specified in the ISP (10)							
Group Size (9)							
Time in (Begin Time) (12)							
Time out (End Time) (12)							
Number of units of service (11)							

Notes:_____

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