**. GIIR HOME LLC NSV-TIME SHEET**

**2910 Pillsbury Ave S, Suite 434**

**Minneapolis, MN, 55408**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*For the Week of Sunday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ thru Saturday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *DAY* | *DATE* | *TIME IN* | *TIME OUT* | *TOTAL HOURS* | *TOTAL ALLOTMENT PER SERVICE AREA* |
| *Sun* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Mon* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Tue* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Wed* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Thurs* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Fri* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Sat* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |

|  |  |
| --- | --- |
| *TOTAL HOURS PER WEEK* |  |

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| *SERVICE AREA KEY:* |
| *1. Nutritional Management* |
| *2. Household Management* |
| *3. Participation in Purposeful Activities* |
| *4. Community Orientation and Mobility* |
| *5. Time Management* |
| *6. Safety and Self Defense* |
| *7. Service Provider Management* |
| *8. Personal and Health Care Maintenance* |
| *9. Relationships and Communication* |
| *10.Problem Solving* |
| *11. Overnight assistance and monitoring* |

*Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*

*Client/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*

*WS Manager Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*