



Independent Living Skills - AHS

Client Name: _____ **Employee Name** _____
 For the week of **Sunday** ____ / ____ / ____ thru **Saturday** ____ / ____ / ____
MM DD YY MM DD YY

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS	TIME ALLOTMENT PER SERVICE AREA			
					Service area _____	Time spent _____	Service area _____	Time spent _____
SUN		AM / PM	AM / PM		Service area _____	Time spent _____	Service area _____	Time spent _____
MON		AM / PM	AM / PM		Service area _____	Time spent _____	Service area _____	Time spent _____
TUE		AM / PM	AM / PM		Service area _____	Time spent _____	Service area _____	Time spent _____
WED		AM / PM	AM / PM		Service area _____	Time spent _____	Service area _____	Time spent _____
THU		AM / PM	AM / PM		Service area _____	Time spent _____	Service area _____	Time spent _____
FRI		AM / PM	AM / PM		Service area _____	Time spent _____	Service area _____	Time spent _____
SAT		AM / PM	AM / PM		Service area _____	Time spent _____	Service area _____	Time spent _____

Total Hours For 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. Civic Awareness, Rights, and Public Assistance
 11. Problem Solving
 12. Housing

ILS Employee Signature _____ Date _____
 Client/Guardian Signature _____ Date _____
 Manager Signature _____ Date _____