



## 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 _____	Service area _____	Time spent _____
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 _____
THU					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 _____

<b>Total Hours For Week:</b>	
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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 WS Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

- 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

NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY FOLLOWING THE WEEK WORKED. PLEASE CALL AFTER YOU SEND YOUR TIME SHEETS TO MAKE SURE THEY WERE RECEIVED. BLANK TIMESHEETS CAN BE FOUND AT OUR WEBSITE WWW.ALLIANCEHEALTHCARE.COM