



# Progress Notes/Daily Activities-Weekly Log

Employee Number \_\_\_\_\_

Upon completion of all HHHA, Inc. service activities - All Employees must complete Date of Service, Arrival and Departure Times, Total Hours, Service List and Note Section Before Requesting Client Signature. This form shall be submitted

Service Dates: From (Sun) \_\_\_\_\_ Thru (Sat) \_\_\_\_\_ Employee's Signature \_\_\_\_\_

Client's Name \_\_\_\_\_ An Example \_\_\_\_\_ Service County \_\_\_\_\_ Sevier \_\_\_\_\_ Pay Source \_\_\_\_\_ Choices Waiver - CALL SANTRAX T

APPROVED SERVICE PLAN							
Service Types	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Respite Care							
Personal Care Service		1.5	1.5	1.5		1.5	1.5
Personal Care Attendant							2
Home Maker		1		1			
<b>Total Daily Hours</b>		<b>2.5</b>	<b>1.5</b>	<b>2.5</b>		<b>1.5</b>	<b>3.5</b>

CARE ASSOCIATE
<b>READ **IMPORTANT INFORMATION**</b>
YOU MUST clock-in/out of KANTime for each shift (877-845-4442) in order for your payroll to be processed. For any reason that KANTime is not working, you must speak to your assigned HHHA Client Rep. immediately or leave your clock-in/out info. (w/ recorder

OFFICE USE ONLY	
Service Types	Start Date
Respite Care	
Personal Care Service	4/10/11
Home Maker	4/10/11
Home Maker	4/10/11

Date of Service: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

(Your Total Hours worked TODAY must match the Total Daily Hours Required per the Approved Service Plan provided)

I made-up missed time TODAY. For which DAY this week? \_\_\_\_\_ How much time? \_\_\_\_\_ (MUST be APPROVED by CSD)

I worked Additional Respite Hours TODAY. How much time? \_\_\_\_\_ (MUST be APPROVED & ASSIGNED by CSD)

Sunday	Respite Care		Personal Care Service/Personal Care Attendant											Homemaking																
	Family Relief	Clean Bath Area	Tub/Bed Bath	Shower	Loftion	Shampoo Hair	Shave	Clean Nails	Foot Soak	Sponge Bath	Brush Teeth	Assist w/ Dressing	Swab Mouth	Clean Dentures	Change Linen	Tub/Shower	Clean Bath Sink	Clean Toilet	Wash Dishes	Clean Counters	Straight/Pick up	Kitchen Sink	Laundry	Mopping	Cloths Shopping	Grocery Shopping	Clean Refridge	Vacuum	Pick-up RX	
Provide Required Tasks as outlined above and check (✓) all that apply																														
Services Provided Today																														

CARE Associate Notes:

Were services performed to your satisfaction today?  Yes  No (If No, please call 865-246-1957) Client Comments: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_



# Emergency Progress Log

Employee Number \_\_\_\_\_

This emergency progress log should only be used when picking up shifts- authorized by Client Services. This log should not be used for regularly scheduled shifts. Upon completion of all activities - All Employees must complete Date of S

Service Dates: From (Sun) \_\_\_\_\_ Thru (Sat) \_\_\_\_\_ Employee's Signature \_\_\_\_\_

Client's Name \_\_\_\_\_ Service County \_\_\_\_\_ Pay Source \_\_\_\_\_ Call us to verify to verify if Santrax clock in/out badge for the numbers.

APPROVED SERVICE PLAN							
Service Types	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Respite Care							
Personal Care Service Am							
Personal Care Service PM							
Home Maker							
<b>Total Daily Hours</b>							

CARE ASSOCIATE
<b>READ **IMPORTANT INFORMATION**</b>
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Emergency Progress
This emergency progress log should only be used for emergency shifts - authorized by Client Services. This log should not be used for regularly scheduled shifts. If this log is used for regularly scheduled clients, it will be rejected. Please call us to verify to verify if Santrax clock in/out badge for the numbers.