All-Ways Care Supported Employment - Macomb

No White Out, scratch outs, scribbles, or write overs are allowed on any part of the documentation. Make sure all notes are for the **same month**. If a new month starts in the same work week start a new sheet. If an error is made do **NOT** write over it. Correction procedures are as follows:

1. Cross out the error with a single line
2. Legibly rewrite the correct information.
3. Put your initials next to the correction.
4. Have the consumer sign their **FIRST INITIAL AND FULL LAST NAME** next to the correction.

Blue or Black Ink Only

CONSUMER NAME: **CONSUMER NUMBER:**

DATE (MM/DD/YY)	H2023 H2015 (Circle one)	START TIME (Circle am or pm)	STOP TIME (Circle am or pm)	
	1:1/2:1	AM PM	AM PM	
Employee Signature (with credentials):				

DATE (MM/DD/YY)	H2023 H2015 (Circle one)	START TIME (Circle am or pm)	STOP TIME (Circle am or pm)	
	1:1/2:1	AM PM	AM PM	
Employee Signature (with credentials):				

DATE (MM/DD/YY)	H2023 H2015 (Circle one)	START TIME (Circle am or pm)	STOP TIME (Circle am or pm)	
	1:1/2:1	AM PM	AM PM	
Employee Signature (with credentials):				

DATE (MM/DD/YY)	H2023 H2015 (Circle one)	START TIME (Circle am or pm)	STOP TIME (Circle am or pm)	
	1:1/2:1	AM PM	AM PM	
Employee Signature (with credentials):				

Consumer Signature: _____**Date:** _____

I understand that by signing the above documentation, I am verifying that the hours have been reviewed by myself and they are 100% accurate.

Supported employment is work for pay at the same rates as those paid to persons with no disabilities. It promotes social integration, productivity, and maximum use of a person's skills and abilities.