All-Ways Care Supported Employment - Oakland

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.

If the consumer only signs their initials this will be sent back for further correction.

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Consumer Signature: _

CONSUMER NUMBER:

DATE	H2025	START TIME	STOP TIME	
(MM/DD/YY)	H2014	(Circle am or pm)	(Circle am or pm)	
	(Circle one)			
	1:1/2:1	AM	AM	
		PM	PM	
Employee Signa	ature (with	credentials):		
DATE	H2025	START TIME	STOP TIME	
(MM/DD/YY)	H2014	(Circle am or pm)	(Circle am or pm)	
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Employee Signa	ature (with	credentials):		
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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.

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