

ACS – CW/SED Community Living Supports (CLS) Daily Service Log

No White Out, scratch outs, scribbles, or write overs are allowed on any part of the documentation.

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 parent or guardian sign their **FIRST INITIAL AND FULL LAST NAME** next to the correction.

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

CONSUMER NAME: _____ **CONSUMER NUMBER:** _____

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

CLS Objective should be addressed with description of independence, behavior, or guidance needed

Employee Signature (with credentials):

Guardian 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.

DATE (MM/DD/YY)	H2015 (Circle one)	START TIME (Circle am or pm)	STOP TIME (Circle am or pm)
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CLS Objective should be addressed with description of independence, behavior, or guidance needed

Employee Signature (with credentials):

Guardian 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.

CLS Definition: CLS is intended to enable a Medicaid consumer’s independence and promote integration into the community. CLS staff may remind, observe, guide, and train but may not provide hands-on care unless otherwise stated in the Person Centered Plan (PCP). CLS should work on the goals and objectives in the PCP and should document independence, guidance, or behavior problems. If a secondary service was approved through your supervisor, please write a sentence indicating what time/what it was. **Consent is necessary prior to participation in an overlapping service (PCP, supervisor, or clinician)**