U & F Sons, Inc.
Sahara Asian Elderly Care
CCP In-Home Service Calendar
April 2012 (1st to 15th)

Authorized Hours and Days
Hrs/Day: _____ Days/Week: _____
Hrs/Wk: _____

Participant's Name: _____ _____ _____ _____
Last Name First Name M.I. City

H.C.A's Name: _____ _____ _____ _____
Last Name First Name M.I. Employee No.

Week Number	Days	Date	Time In	Time Out	Hours	Weekly Hrs
Week 13	Sunday	01	AM / PM	AM / PM		
Week 14	Monday	02	AM / PM	AM / PM		
	Tuesday	03	AM / PM	AM / PM		
	Wednesday	04	AM / PM	AM / PM		
	Thursday	05	AM / PM	AM / PM		
	Friday	06	AM / PM	AM / PM		
	Saturday	07	AM / PM	AM / PM		
	Sunday	08	AM / PM	AM / PM		
Week 15	Monday	09	AM / PM	AM / PM		
	Tuesday	10	AM / PM	AM / PM		
	Wednesday	11	AM / PM	AM / PM		
	Thursday	12	AM / PM	AM / PM		
	Friday	13	AM / PM	AM / PM		
	Saturday	14	AM / PM	AM / PM		
	Sunday	15	AM / PM	AM / PM		
					TOTAL	

By Signing, the Participant/Authorized Representative certifies that the services were provided as above & the HCA certifies that the services were delivered to the Participant. The Supervisor certifies that services were delivered as authorized.

_____
Participant/Authorized Representative's Signature

_____ / _____ / _____
DATE

_____
Homecare Aide's Signature

_____ / _____ / _____
DATE

Authorized Representative's Name and Relation (if not Participant): _____

_____
Supervisor's Signature

_____ / _____ / _____
Date

U & F Sons, Inc.
Sahara Asian Elderly Care
CCP In-Home Service Calendar
April 2012 (16th to 30th)

Authorized Hours and Days
Hrs/Day: _____ Days/Week: _____
Hrs/Wk: _____

Participant's Name: _____ _____ _____ _____
Last Name First Name M.I. City

H.C.A's Name: _____ _____ _____ _____
Last Name First Name M.I. Employee No.

Week Number	Days	Date	Time In	Time Out	Hours	Weekly Hrs
Week 16	Monday	16	AM / PM	AM / PM		
	Tuesday	17	AM / PM	AM / PM		
	Wednesday	18	AM / PM	AM / PM		
	Thursday	19	AM / PM	AM / PM		
	Friday	20	AM / PM	AM / PM		
	Saturday	21	AM / PM	AM / PM		
	Sunday	22	AM / PM	AM / PM		
Week 17	Monday	23	AM / PM	AM / PM		
	Tuesday	24	AM / PM	AM / PM		
	Wednesday	25	AM / PM	AM / PM		
	Thursday	26	AM / PM	AM / PM		
	Friday	27	AM / PM	AM / PM		
	Saturday	28	AM / PM	AM / PM		
	Sunday	29	AM / PM	AM / PM		
Week 18	Monday	30	AM / PM	AM / PM		
					TOTAL	

By Signing, the Participant/Authorized Representative certifies that the services were provided as above & the HCA certifies that the services were delivered to the Participant. The Supervisor certifies that services were delivered as authorized.

_____ _____
Participant/Authorized Representative's Signature **Homecare Aide's Signature**

_____ / _____ / _____ _____ / _____ / _____
DATE **DATE**

Authorized Representative's Name and Relation (if not Participant): _____

_____ _____ / _____ / _____
Supervisor's Signature **Date**