

Waiver Progress Sheets

Client: _____

Date: _____

Time		Summary	Staff Initials
2:30pm	3:30pm		
3:30pm	4:30pm		
4:30pm	5:30pm		
5:30pm	6:30pm		
6:30pm	7:30pm		
7:30pm	8:30pm		
8:30pm	9:30pm		
9:30pm	10:30pm		
10:30pm	11:30pm		
11:30pm	12:30am		
12:30am	1:30am		
1:30am	2:30am		
2:30am	3:30am		
3:30am	4:30am		
4:30am	5:30am		

Waiver Progress Sheets

Client: _____

Date: _____

Time		Summary	Staff Initials
5:30am	6:30am		
6:30am	7:30am		
7:30am	8:00am		

The documentation provided on both sides of this document has been completed as the supports occurred. By my signature, I indicate that this information is a true and accurate reflection of the supports and services provided to this individual during my tour of duty.

ERC Waiver Support Signature: _____

ERC Waiver Support Signature: _____

ERC Waiver Support Signature: _____

ERC Waiver Support Signature: _____

Debbie Hawkins

Direct Care Supervisor