

**Waiver Progress Sheets**

Client: \_\_\_\_\_

Saturday-Sunday

Date: \_\_\_\_\_

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

-Sunday Progress sheet

Client: \_\_\_\_\_

Date: \_\_\_\_\_

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

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: \_\_\_\_\_

*Debbie Hawkins*  
Direct Care Supervisor