



LENDING A HAND, Inc

Habilitation Time and Activity Sheet

Consumer's Name: _____

Week: From: _____ To: _____

Service Provided By: _____

Number of weekly hours approved: _____

*****This form is for Home and Community Habilitation services ONLY. DO NOT use for other services provided.**

What is Home and Community Habilitation: This is a direct (face-to-face) service provided in the home and community settings to assist individuals in **acquiring, maintaining, and improving** self-help, domestic, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. These Services are provided to individuals who need assistance in **learning skills, retaining skills or improving skills**. These services **must be geared to teaching skills**. These skills will be identified as an "outcome action" goal(s) in the ISP.

Consumer/Representative signature is required for EACH DAY of service

Day	Date	Time In	AM/ PM	Time out	AM/ PM	Total Hours	Consumer or Representative Signature
Monday (Week 1)							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
<hr/>							
Monday (Week 2)							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

To Consumer/Representative: By signing in the designated areas above, you certify that the hours shown & the services indicated were performed by the aide whose name appears on this document.

Please write the LETTER(S) to signify what type of skills were enhanced in the appropriate box.

Write the Letter "A" for skills that were ACQUIRED (new skills learned)

Write the Letter "M" for skills that were MAINTAINED

Write the Letter "I" for skills that were IMPROVED

(Week 1) Community	S	M	T	W	T	F	S	(Week 1) Self-Help (ADL's)	S	M	T	W	T	F	S
Socialization-relationship building; attend meetings, etc.								House Keeping: wash dishes, clean, make bed, vacuum, etc...							
Exercise-Healthy Lifestyle								Grooming-Hygiene, bathing, dress, etc.							
Travel								Adaptive							
Shopping								Cooking (meal prep)							
Money-budgeting								Laundry							
Communication								Education-Learning							
Community activity								Fine-gross motor skills							
Other								Other							
(Week 2) Community	S	M	T	W	T	F	S	(Week 2) Self-Help (ADL's)	S	M	T	W	T	F	S
Socialization-relationship building; attend meetings, etc.								House Keeping: wash dishes, clean, make bed, vacuum, etc...							
Exercise-Healthy Lifestyle								Grooming-Hygiene, bathing, dress, etc.							
Travel								Adaptive							
Shopping								Cooking (meal prep)							
Money-budgeting								Laundry							
Communication								Education-Learning							
Community activity								Fine-gross motor skills							
Other								Other							

Consumer's Name: _____

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PROGRESS NOTE: Describe/explain "*how/what you did*" to assist/support the consumer toward achieving their outcome goal(s) as is indicated in the ISP. Write on the back of this form if additional space is needed.

The specific written ISP goal(s) states: _____

I actively assisted/supported the consumer towards achieving their goal(s) in Acquiring, Maintaining or Improving skill(s) and/or ensuring their health & safety by... _____

The consumer demonstrated progress in area/skill(s) of... _____

The consumer participated in the following community activities... _____

The consumer needs more help progress in the area/skill of (if applicable) ... _____

Were there any health and safety issues or concerns to providing service for the consumer? If yes, please explain and **NOTIFY your service coordinator Immediately.** **YES** **NO**

Staff signature & title: _____ **Date:** _____