Consumers First Name: _____

Last Name: _____

CDC In-home Sign-In Sheet

Complete for each visit. Please ensure you sign at the start and end of services. Please ensure you record what services were completed. These services can be different to care plan goals- if directed by consumer. For regular requests that differ from the care plan, the worker will need to feed back to Case Manager, as a review may be required. Any significant changes or variation to consumers' needs should be recorded on the review notes

Remember to text your manager when you are leaving the visit

DATE	SERVICE START TIME	STAFF INITIALS	SERVICE FINISH TIME	STAFF INITIALS	SERVICES COMPLETED (i.e. self care, social support, vacuuming, washing, clean bathrooms)

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