SE Daily Job Supports Time Log

Name of CRP:

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant:** |       | **Reporting Period:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **JOB SUPPORT** |  |  | **CLIENT SIGNATURE \*** |
|  | **HOURS** | **TOTAL** | **ON-SITE/** | ***I, the client, am satisfied and certify that the dates, times, and*** |
| **DATE** | **From-To (a.m./p.m.)** | **HOURS** | **OFF-SITE** | ***services are accurate.*** |
| 1 |        |        |        |   |
|  2 |        |        |        |   |
|  3 |        |        |        |   |
|  4 |        |        |        |   |
|  5 |        |        |        |   |
|  6 |        |        |        |   |
|  7 |        |        |        |   |
|  8 |        |        |        |   |
|  9 |        |        |        |   |
|  10 |        |        |        |   |
|  11 |        |        |        |   |
|  12 |        |        |        |   |
|  13 |        |        |        |   |
|  14 |        |        |        |   |
|  15 |        |        |        |   |
|  16 |        |        |        |   |
|  17 |        |        |        |   |
|  18 |        |        |        |   |
|  19 |        |        |        |   |
|  20 |        |        |        |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant:** |       | **Reporting Period:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **JOB SUPPORT** |  |  | **CLIENT SIGNATURE \*** |
|  | **HOURS** | **TOTAL** | **ON-SITE/** | ***I, the client, am satisfied and certify that the dates, times, and*** |
| **DATE** | **From-To (a.m./p.m.)** | **HOURS** | **OFF-SITE** | ***services are accurate.*** |
| 21 |       |       |       |  |
| 22 |       |       |       |  |
| 23 |       |       |       |  |
| 24 |       |       |       |  |
| 25 |       |       |       |  |
| 26 |       |       |       |  |
| 27 |       |       |       |  |
| 28 |       |       |       |  |
| 29 |       |       |       |  |
| 30 |       |       |       |  |
| 31 |       |       |       |  |

I, the Job Coach, certify that

* The above dates and times for the services are accurate;
* I personally provided all services recorded within the above Time Log; and
* I documented the services described above.

|  |  |  |
| --- | --- | --- |
| **First and last name of Job Coach (print):**      | **Signature of Job Coach:** | **Date:**      |

***\*****If the client has a legally authorized representative, the representative may verify services reported during this period by signing the Supported Employment – Monthly Job Supports Report.*