August 2021

Express EMPLOYMENT PROFESSIONALS℠

SD-CFC/SDPAS Services Delivery Record

Employee Name: _____ Last Four Digits of Social Security _____ Express Job #: _____

Consumer Name: _____ Pay Period End Date: _____

Day	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
Date														
Time In *AM/PM*														
Time Out *AM/PM*														
Time In *AM/PM*														
Time Out *AM/PM*														
Daily Totals (a+b+c)														

Check _ONLY_ tasks approved on the Consumer service plan.	Weekly Total:							Weekly Total:						
								Pay Period Total Hours:						

ACTIVITIES OF DAILY LIVING (ADL)

	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
Bathing														
Personal Hygiene														
Meal Prep & Eating Assist														
Exercise														
Medication Reminder														
Other: (MPQH approved)														
Other: (MPQH approved)														

HEALTH MAINTENANCE ACTIVITIES (HMA)

	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
MEDICATION ADMINISTRATION														
BOWEL TREATMENT/PROGRAM														
URINARY SYSTEMS MGMT														
WOUND CARE														

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
Household Maintenance (HM)														
Correspondence Assist –CFC (CA)														

ENTER CATEGORY TOTALS BELOW

	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su
a.) **Skill Acquisition – CFC Only** Daily Total														
b.) **ADL, HMA, HM, CA** Daily Total														
c.) **Community Integration Shopping - Daily Total**														

Comments:

Misrepresentation constitutes fraud.

Employee Signature _____   Date - _____
By signing here I certify that I worked the hours recorded and completed the work tasks assigned.   *Last Day of Service*

Consumer/PR Signature_____   Date - _____
By signing here I certify that the employee has worked the hours recorded and completed the tasks assigned.   *Last Day of Service*

Personnel Dept. Use Only:

Job#	W/E:	Hrs	M#	Hrs:	Mi:	SC#	Hrs:	Mi:
Job#	W/E:	Hrs	M#	Hrs:	Mi:	SC#	Hrs:	Mi:

Express Initials_____   Date:_____