



Independence is Our Goal

Provider ID# 6927-0096

Office Use Only:
SS#:
Medicaid#:

## Daily Progress Notes

Consumer's name: \_\_\_\_\_ Service Provider: \_\_\_\_\_

\*\*\*Service Logs must be accompanied by all required case notes & documentation. Service logs **will not** be processed without adequate case notes. Please have all completed service logs turn-in by **Monday** after each week of service. I recognize the rights of Central Care Services, Inc. as the authorized provider and I certify that the hours shown above accurately represent my total hours worked, and that they were properly

Day	Date	Time In	Time Out	Total	Client's or Guardian's Signature
Monday		AM	AM		
		PM	PM		
Tuesday		AM	AM		
		PM	PM		
Wednesday		AM	AM		
		PM	PM		
Thursday		AM	AM		
		PM	PM		
Friday		AM	AM		
		PM	PM		
Saturday		AM	AM		
		PM	PM		
Sunday		AM	AM		
		PM	PM		

Total Worked \_\_\_\_\_

Self-Care <input type="checkbox"/>	Communication Skills <input type="checkbox"/>	Social Skills <input type="checkbox"/>	Leisure Skills <input type="checkbox"/>	Community Use <input type="checkbox"/>	Home or School Living <input type="checkbox"/>
Bathing, Dressing, Grooming, Eating, Oral, Toileting	Understanding and using verbal and nonverbal language	Understand emotions, and social cues, understand fairness and honesty, obey rules and laws	Taking responsibility for one's own activities, having the ability to participate in the community	Shopping, using public transportation, using community services local errands client's appt.	Housekeeping, cooking, doing laundry, maintaining living space.

verified by the client or an authorized representative. I also certify that if I misrepresent my hours Central Care Services, Inc is therefore is entitled to recoup my compensation.

\_\_\_\_\_

\_\_\_\_\_

Service Provider's Signature

Date

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