

## All-Ways Care Supported Employment - Macomb

No White Out, scratch outs, scribbles, or write overs are allowed on any part of the documentation. Make sure all notes are for the **same month**. If a new month starts in the same work week start a new sheet. If an error is made do **NOT** write over it. Correction procedures are as follows:

1. Cross out the error with a single line
2. Legibly rewrite the correct information.
3. Put your initials next to the correction.
4. Have the consumer sign their **FIRST INITIAL AND FULL LAST NAME** next to the correction.

**Blue or Black Ink Only**

CONSUMER NAME:

CONSUMER NUMBER:

DATE (MM/DD/YY)	H2023 H2025 <small>(Circle one)</small>	START TIME <small>(Circle am or pm)</small>	STOP TIME <small>(Circle am or pm)</small>	
	1:1/2:1	AM PM	AM PM	
<b>Employee Signature (with credentials):</b>				

DATE (MM/DD/YY)	H2023 H2025 <small>(Circle one)</small>	START TIME <small>(Circle am or pm)</small>	STOP TIME <small>(Circle am or pm)</small>	
	1:1/2:1	AM PM	AM PM	
<b>Employee Signature (with credentials):</b>				

DATE (MM/DD/YY)	H2023 H2025 <small>(Circle one)</small>	START TIME <small>(Circle am or pm)</small>	STOP TIME <small>(Circle am or pm)</small>	
	1:1/2:1	AM PM	AM PM	
<b>Employee Signature (with credentials):</b>				

DATE (MM/DD/YY)	H2023 H2025 <small>(Circle one)</small>	START TIME <small>(Circle am or pm)</small>	STOP TIME <small>(Circle am or pm)</small>	
	1:1/2:1	AM PM	AM PM	
<b>Employee Signature (with credentials):</b>				

**Consumer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that by signing the above documentation, I am verifying that the hours have been reviewed by myself and they are 100% accurate.

Supported employment is work for pay at the same rates as those paid to persons with no disabilities. It promotes social integration, productivity, and maximum use of a person's skills and abilities.