



### Waiver Documentation for HOMEMAKER/PERSONAL CARE SERVICES

Waiver Recipient: Mickey Mouse	Provider Name: Disney World	Service Location: 45 Cheese St., Tallmadge
Medicaid #: 100900500500	Provider #: 7712345	County: Summit
*Staffing ratio is 1:1 (staff to recipient) unless otherwise noted	*All services provided in the home (service location) unless otherwise noted	
Month/Year: October 2012	*All services are routine HPC unless noted otherwise	

**Billing per 15 minutes**

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Time	2:00 pm	2:15 pm	2:00 pm	11:30 am			12:30 pm																								
End Time	5:30 pm	3:00 pm	4:00 pm	1:30 pm			2:30 pm																								
#HPC Units	14	3	8	8			8																								

Observations/Comments/Unusual Occurrences-UIR/MUI written/Service Refusals/Absences/Location changes/Ratio Changes/Use of On Site-On Call or Emergency Level One Services

DATE	Initials	Entry:
10-1-12	LW	He chose to go to the library then McD's for dinner.
10-3-12	LW	We walked the neighborhood.
10-5-12	LW	Attended family dr appt for regular check up. Dr Kitson

I certify that I provided the services as noted in this record in accordance with this waiver recipient's ISP.

Signature:	Initials:
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