**SLS SERVICE LOG**

DSP Staff:

Client Name:

Service Level:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time In** | **Time Out** | **Total Hrs.** | **Location** |
|  |  |  |  |  |

**Check all areas of support provided:**

***Verification of services provided/received:***

***DSP Signature***:

***Client Signature:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Personal health & hygiene |  | Medication awareness |
|  | Cleaning/laundry |  | Cooking |
|  | Money management |  | Shopping |
|  | Medical appointments |  | Transportation |
|  | Time management |  | Other: |

**Briefly describe supports marked above:**

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