

SLS SERVICE LOG

DSP Staff:

Client Name:

Service Level:

Date	Time In	Time Out	Total Hrs.	Location

Check all areas of support provided:

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

Verification of services provided/received:

DSP Signature:

Client Signature:

Briefly describe supports marked above:
