

# Hamilton County Developmental Disabilities Services

## Live Alone Household Schedule

This format can only be used for individuals who live alone. All others must use form CSDHW001-A.

Individual's Name:  Provider:  SSA:

Schedule Start Date:  Schedule will end last day of individual's span or on date listed here:

**NOTE: All exception days (holiday, sick, etc.) must be indicated on the Residential Worksheet (CSDHW001)**

**REQUIRED: Is On-Site/On-Call Provided?**  YES  NO *(Individual is sleeping and provider may also sleep- limited to 8 hrs./day)*

**If you answer YES, provide information below:**

Start Time  End Time   Sun  Mon  Tues  Wed  Thurs  Fri  Sat # staff in home

Start Time  End Time   Sun  Mon  Tues  Wed  Thurs  Fri  Sat # staff in home

### Homemaker Personal Care Hours

DAY	START TIME	END TIME	# of Staff in Home <small>(Staff # will be 1 unless otherwise indicated)</small>
<b>Sunday</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
<b>Monday</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
<b>Tuesday</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
<b>Wednesday</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
<b>Thursday</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
<b>Friday</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
<b>Saturday</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	

Comments:

Provider Completing Form:  E-mail Address:

SSA Signature:  Date:  Supervisor Signature:  Date: