

TRAUMATIC BRAIN INJURY WAIVER
Personal Attendant Worksheet

Member's First and Last Name: _____														Begin Date: _____			
Personal Attendant's(PA) Name: _____														End Date: _____			
Month:																	Reflect Month and Day of the Week
Date: PA Circle correct day	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		
Time Arrive:																	Supervisor Comments:
Time Left:																	
Total Hours:																	
PA Initials:																	
Member's Initials:																	
Personal Attendant Comments and Notes for the 2-week period: (notes should reflect services provided and member's response to the services)																	
<i>By signing, I certify that the reported information is complete and accurate on all the pages. I understand that payment for services certified on this form will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under Medicaid Fraud.</i>																	
_____						_____						_____					
Personal Attendant Signature and Date						Member Signature and Date						Supervisor Signature and Date					

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				MEMBER NAME:							
Attendant Name:				Begin Date:				End Date:			
<p>Personal Attendant must enter date and initial each block to show services were provided as planned. All services listed must be reflected on the Service Plan.</p>											
Description of Service/Care ADLs/IADLs											
COMMUNITY ACTIVITIES W/MEMBER											

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ESSENTIAL ERRANDS										
Personal Attendant Non – Medical Transportation Log										
Special instructions for Transportation:										
Date	Total Miles Driven	Travel Time	Destination and Purpose of Travel	Type of Travel (EE or CA)	Starting Location	Ending Location	Was Person with You?		Member's Initials	
							Yes	No		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		
Total Miles:						Supervisor's signature and date on page 1 indicates that this transportation log has been reviewed and approved.				