Record activities and be specific. Where did service take place? What activity was done? Be objective: just the facts, not opinions. If it’s not documented, it didn’t happen and cannot be billed for payment. Report any concerns with participant’s health and/or wellness to the Case Manager, if applicable.

**Misrepresenting information on this document submitted to the Wyoming Department of Health may constitute fraud and is subject to investigation.**

Always use ink and remember to write legibly. Never use white out or scratch out errors, simply draw a line through the error and initial it.

Employer Name: | Participant Name (if different):
--- | ---

Case Manager’s Name/Phone #: | Dates of Service: _____/_____/____ to _____/_____/____

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Documentation Notes</th>
<th>DSW/Employee Full Name**</th>
<th>Participant/Employer Signature**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 7/12/17</td>
<td>8:00 am</td>
<td>10:45 am</td>
<td>*Services took place in individual’s home unless otherwise noted Please also note any Emergency Room or hospital visits DSW assisted with shower, washed hair/body and brushed teeth. Assisted with dressing, socks, and shoes. Cleaned bathroom. Washed and dried a load of towels and bedding. Remade bed.</td>
<td>Julie Stevens</td>
<td>Sally Jones</td>
</tr>
</tbody>
</table>

This is a mandatory Direct Service Worker (DSW) Log and must be used to document daily services.

PD0-7

Page _____ of _____
Community Choices Waiver
Participant-Directed Care
Direct Service Worker (DSW) Log

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Employer Name: ____________________________
Participant Name (if different): ____________________________
Case Manager’s Name/Phone #: ____________________________
Dates of Service: _____/_____/_____ to _____/_____/_____

March 2018