



**A L A Y**  
H O M E C A R E

### DAILY LOG

**Instructions**

1. Align with the consumers outcome
2. Use additional paper if more space is needed
3. Email/scan a clear photo to [dailylog@alayhc.com](mailto:dailylog@alayhc.com) no later than Monday at 5PM to ensure prompt payment. Fax 201-565-0588

Consumer Name: \_\_\_\_\_ Employee Name: \_\_\_\_\_ Service Plan Year: \_\_\_\_\_

ISP Outcome: \_\_\_\_\_

**Service Strategies (check all that apply):**

- Assistance with Activities of Daily Living (such as getting dressed, eating, personal hygiene, etc.)
- Assistance with Increasing Community Participation (such as daily errands, attending events, restaurant, purchasing items, travel training, etc.)
- Assistance with Increasing Independence (such as helping the individual learn to do laundry, cook, clean, dress, grocery shop, pay for items, etc.)
- Assistance with On-The-Job Support (such as safety awareness, using the restroom, attending to task, lunch/breaks, etc.)
- Assistance with Learning Activities (such as basic tutoring – math, reading, writing; support in attending a class; etc.)

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Tell us about your day (Who, What, Where, When, Why):

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Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Tell us about your day (Who, What, Where, When, Why):

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Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Tell us about your day (Who, What, Where, When, Why):

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Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Tell us about your day (Who, What, Where, When, Why):

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Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Tell us about your day (Who, What, Where, When, Why):

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Consumer Signature	Date	Employee Signature	Date
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