

DIRECT CARE ASP SCHEDULE

Week Beginning: _____

Service Level: _____

Administrator Name: _____

Name of person the the ASP is for: _____

Signature: _____

Hours	b	Monday	b	Tuesday	b	Wednesday	b	Thursday	b	Friday	b	Saturday	b	Sunday
6:00 AM														
7:00														
8:00														
9:00														
10:00														
11:00														
12:00N														
1:00PM														
2:00														
3:00														
4:00														
5:00														
6:00														
7:00														
8:00														
9:00														
10:00														
11:00														
12:00MN														
1:00 AM														
2:00														
3:00														
4:00														
5:00														

List Direct Care Staff using letters A,B,C,D,E,F,G,Q (below). Complete the schedule (above) showing the corresponding letter of each staff on duty for each hour of each day. Use the first column of each day (shaded – b) for Basic (24/7) Staffing.

A _____

F _____

Total Hours of ASP _____

B _____

G _____

C _____

Administrator Q _____

D _____

(Only assign Q to the schedule when the Administrator's duties are direct supervision of consumers or program preparation functions and NOT Home Administrator responsibilities or duties).

E _____