



# Private Home Care TIME SHEET- SUPPORTING DOCUMENTATION

PAGE 1 OF 2

<b>Client Name (Please Print)</b>		<b>Week End Date:</b>	
<b>Caregiver Name: (Please Print)</b>		<b>Needs Type(s):</b>	

For each shift, please check the items worked on with the client. The items checked should reflect the Care Plan.

<b>Remind/Observe/Support client with:</b>	<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>
Bathing							
Change Linens							
Conversation/Companionship							
Dressing							
Entertainment and appointment management							
Escort to appointments							
Feeding							
Games/Cards/Crafts							
Grocery Shopping							
Grooming							
Incontinence Care							
Laundry							
Light House Keeping							
Mail letters/Bills							
Make Bed							
Meal Plan/Prep							
Medication reminders							
Pet Care							
Recreational Activities							
Take out Garbage							
Transfers/Toileting							
Transport							

<b>Date</b>	<b>Note</b>

**IMPORTANT - A COMPLETED TIMESHEET INCLUDES BOTH PAGE 1 AND 2 FILLED OUT IN ENTIRETY WITH AN AUTHORIZED SIGNATURE!**

**Caregiver Signature:** \_\_\_\_\_ **Authorized Client Signature:** \_\_\_\_\_