

## Time Sheet

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|  |             |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
|--|-------------|----------|----------|--|----------|--|------------|----------------|----------|----------|----------|----------|----------|----------|----------|
| Name of Caregiver (Please Print)   |             |          |          | Name Of Client (Please Print)  |          |  |            |                |          |          |          |          |          |          |          |
| Date   | Day of Week | Time In  | Time Out | Time In  | Time Out | Client Signature:<br>(Required each day) |            |                |          |          |          |          |          |          |          |
|  | Sunday      |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
|  | Monday      |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
|  | Tuesday     |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
|  | Wednesday   |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
|  | Thursday    |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
|  | Friday      |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
|  | Saturday    |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
| Total Hours for the Week:  |             |          |          | Did you turn in a Mileage Form? <b>Yes / No</b> (Circle)<br>Total Mileage for this client for the week was _____ |          |  |            |                |          |          |          |          |          |          |          |
| <b>Important information for Client:</b> By signing this form, client certifies that hours shown are correct and work was done satisfactory. |             |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
| <b>Home Management</b>   |             |          |          | <b>Personal Care</b>   |          |  |            |                |          |          |          |          |          |          |          |
| <b>Duties Performed</b>  | <b>S</b>    | <b>M</b> | <b>T</b> | <b>W</b>   | <b>T</b> | <b>F</b>                                 | <b>Sat</b> | <b>Duties:</b> | <b>S</b> | <b>M</b> | <b>T</b> | <b>W</b> | <b>T</b> | <b>F</b> | <b>S</b> |
| Grocery Shopping   |             |          |          |  |          |  |            | Shampoo        |          |          |          |          |          |          |          |
| Housekeeping   |             |          |          |  |          |  |            | Dressed/ Un    |          |          |          |          |          |          |          |
| Laundry  |             |          |          |  |          |  |            | Bed Bath       |          |          |          |          |          |          |          |
| Changed Linens   |             |          |          |  |          |  |            | Shower         |          |          |          |          |          |          |          |
| Made Bed   |             |          |          |  |          |  |            | Oral Care      |          |          |          |          |          |          |          |
| Vacuumed   |             |          |          |  |          |  |            | Hygiene        |          |          |          |          |          |          |          |
| Dusted   |             |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
| Clean Bathroom   |             |          |          |  |          |  |            | <b>Eating</b>  |          |          |          |          |          |          |          |
| Cleaned Kitchen  |             |          |          |  |          |  |            | Meal Prep.     |          |          |          |          |          |          |          |
| Mopped Floors  |             |          |          |  |          |  |            | Assist Feeding |          |          |          |          |          |          |          |
| <b>Transfers</b>   |             |          |          | <b>Toileting</b>   |          |  |            |                |          |          |          |          |          |          |          |
| From the Bed   |             |          |          |  |          |  |            | Bathroom       |          |          |          |          |          |          |          |
| From the Chair   |             |          |          |  |          |  |            | Urinal         |          |          |          |          |          |          |          |
| In / Out of Car  |             |          |          |  |          |  |            | Attend Briefs  |          |          |          |          |          |          |          |
| Hoyer Lift   |             |          |          |  |          |  |            | Catheter Bag   |          |          |          |          |          |          |          |
| <b>Activities</b>  | <b>S</b>    | <b>M</b> | <b>T</b> | <b>W</b>   | <b>T</b> | <b>F</b>                                 | <b>S</b>   |                |          |          |          |          |          |          |          |
| Errands  |             |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
| Recreational   |             |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
| Transportation   |             |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
| <b>Additional Comments:</b>  |             |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
|  |             |          |          |  |          |  |            |                |          |          |          |          |          |          |          |
|  |             |          |          |  |          |  |            |                |          |          |          |          |          |          |          |

**Important information for Caregivers:** By signing this form, you certify that this form is true and accurate.

**Caregiver's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Time Sheets must be faxed to the office by **Noon** on Mondays

If Time Sheet is received later than **Noon** you will be paid the following pay period.