



TIME SHEET

Client Name: _____

Week of: _____

Notes:

CODE	ATTENDANT CARE	M	T	W	TH	F	S	S	CODE	CODE MEMBER MONITOR	M	T	W	TH	F	S	S	
10	Grocery Shop								50	Blood Pressure								
11	Exercise - Walking								54	Weight								
12	Assist with Treatments								55	Record Food Intake								
13	Shopping/Errands								56	Record Fluid Intake								
14	Accompany to Doctor								57	Record B.M.								
15	Pick Up Medication								CODE	OTHER								
16	Escort								60	Other Activities								
18	Med. Reminders								61	Educate Caregiver								
19	Budget Management								CODE	Safety								
40	Feeding/Eating								70	Assess Home Safety								
41	Meal Preparation								CODE	TOILETING								
43	Meal Delivery x 7								80	Empty Colostomy								
CODE	PERSONAL CARE								81	Catheter Care								
20	Shaving/Oral Care								82	Toileting								
21	Dressing								83	Hygiene in Toileting								
22	Foot Care								84	Toileting Schedule								
23	Bathing								85	Assist w/Schedule								
24	Hair/Skin Care								86	Teach and Train								
25	Nail Care								89	Assist with Bedpan								
CODE	HOUSEKEEPING								CODE	TRANSFER/AMBULATE								
30	Linen Change								90	Ambulate w/Cane								
31	Laundry								91	Ambulate								
33	Clean Living Areas								92	Ambulate w/Walker								
34	Clean Kitchen								93	Transfer								
36	Clean Bathroom								94	Turn Every 2 Hours								
36	Dust								95	Balance								
37	Mop								96	Hoyer Lift								
38	Vacuum								98	Apply Assist Dev.								
39	Take Out Trash								99	Assist Prosthetic								
Lifeline In place (Checked)-X																		

To be signed only when duties are COMPLETED

Client Signature: _____

Employee Signature: _____

Management Signature: _____

