

TIME SHEET

Week	of:									_							
Notes																	
Notes	:																
0005	ATTENDANT CARE		_	14/	T	_		0	0005	CODE MEMBER MONITOR	М	-	14/	-	Ţ	_	
CODE 10	ATTENDANT CARE Grocery Shop	M	Т	W	TH	F	S	S	CODE 50	Blood Pressure		Т	W	TH	F	S	5
11	Exercise - Walking								54								+
12	Assist with Treatments								55	Weight 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							T
21	Dressing								83	Hygiene in Toileting							
22	Foot Care								84	Toileting Schedule							T
23	Bathing								85	Assist w/Schedule							T
24	Hair/Skin Care								86	Teach and Train							T
25	Nail Care								89	Assist with Bedpan							
CODE	HOUSEKEEPING								CODE	TRANSFER/AMBULATE							T
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	Tum Every 2 Hours							
36	Dust								95	Balance							
37	Мор								96	Hoyer Lift							
38	Vacuum								98	Apply Assist Dev.							
39	Take Out Trash								99	Assist Prosthetic							
l ifeline In	place (Checked)-X																

Management Signature:_



TIME SHEET

	Day of	the Week	Time In	Time Out	Total	
Client Name (Print)	Mon.					
Client Signature	Tues.					
*I approve these hours as services rendered and are to my satisfaction.	Wed.					
	1					
Week Starts Monday and ends Sunday Time sheets are due by Friday.	Thurs.					
Paychecks here Friday						
Employer Name (Print)	Fri.					
Employer Signature	Sat.					
*Client states that above hours are correct.	Sun.					
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Total: _____