Caregiver's Name:_____

Client's Name:_____

Pay Week:_____

	Date	TIME IN	TIME OUT	2nd SHIFT IN	SHIFT OUT	Client Sign	Employee Sign
SUN							
MON							
TUE							
WED							
THURS							
FRI							
SAT							
Total Hrs							

PERSONAL CARE	S	M	T	W	T	F	S	Elimination	S	M	T	W	T	F	S
Bath-Bed/Tub/Shower								Catheter Bag							
Hair Care/Shampoo								Incontinence Care							
Companionship								Peri care							
Shave								Colostomy Care							
Skin Care/Back Care								**MOBILITY**							
Nail/ Foot Care								Transfers							
Oral Hygiene								Assist W/Ambulation							
Dressing/ undressing								Turn & Position							
NUTRITION								**TREATMENTS**							
Meal Prep. Full								Med. Reminder							
Assist W/ Feeding								Laundry							
HOUSEKEEPING								Vacuum							
Trash Removal								Errands							
Dusting								Kitchen							
Make Bed/Change Linen								Bathroom							

Client Signature:_____ **Date:**_____ **Employee Signature:**_____ **Date:**_____

T-Total Assist A-Assist (NO * OR -) Timesheets are DUE by 10AM Monday NO EXPECTATIONS!!!!!