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E-MAIL: ALLSTAFFHEALTHSERVICES@LIVE.COM

TIME SHEET

CHECK ONE
SERVICE TYPE:
☐ PERSONAL CARE
☐ HOME MAKING / CMP

CLIENT NAME: _____

Important Information for Client: By signing this form, client certifies that hours shown are correct and work was done satisfactory. I authorize to be charged or billed for services rendered for this week.

DATE	DAY	START	FINISH	START	FINISH	TOTAL HOURS WORKED	MILEAGE	CLIENT SIGNATURE (TO BE SIGNED DAILY)
	Mon							
	Tues							
	Wed							
	Thur							
	Fri							
	Sat							
	Sun							
TOTAL HOURS WORKED / BILLABLE FOR THE WEEK								

ACTIVITIES	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Comments With Date
PERSONAL CARE								
Bathing								
Dressing								
Ambulation								
Transfers								
Feeding								
Toileting								
Incontinence								
Shampoo								
Oral Care								
Hair Care								
Skin Care								
Hand/Foot Care								
Shave								
Assist With Meals								
Positioning								
ROM Exercise								
Vital Signs								
HOMEMAKING SUPPORTIVE SERVICES								
Companionship								
Remind Medications								
Meal Preparations								
Linen Changes								
Bed Making								
Laundry								
Vacuum								
Dusting								
Mop/Sweep								
Clean Bathroom								
Clean Kitchen								
Shopping/Errands								

I have reported to management all injuries and illnesses arising from this assignment and I have not been subject to harassment in the workplace.

PLEASE CHECK ONE: DISCIPLINE ☐ HHA ☐ CNA ☐ LPN ☐ RN

COUNTY ☐ BROWARD ☐ DADE

Print Caregiver Name: _____ Caregiver Signature: _____

Date: _____

WHITE COPY - AGENCY

YELLOW COPY - CAREGIVER

Sample Home Health Timesheet

O García

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the name bar.

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