

In Family Hands LLC

WEEKLY TIME SHEET
* BLACK INK ONLY *



WEEK ENDING: _____

FRIDAY	MO	DAY	IN	OUT	PC	HC	AC	RS
X _____								
Client Signature					Date			

SATURDAY	MO	DAY	IN	OUT	PC	HC	AC	RS
X _____								
Client Signature					Date			

SUNDAY	MO	DAY	IN	OUT	PC	HC	AC	RS
X _____								
Client Signature					Date			

MONDAY	MO	DAY	IN	OUT	PC	HC	AC	RS
X _____								
Client Signature					Date			

TUESDAY	MO	DAY	IN	OUT	PC	HC	AC	RS
X _____								
Client Signature					Date			

WEDNESDAY	MO	DAY	IN	OUT	PC	HC	AC	RS
X _____								
Client Signature					Date			

THURSDAY	MO	DAY	IN	OUT	PC	HC	AC	RS
X _____								
Client Signature					Date			

By my signature, I certify that this client received these services and the above information is true and correct.

X _____
Workers Signature Date

X _____
Print Name

Client Name: _____

Client DCN: _____

Address: _____

County: _____ Phone: _____

ACTIVITIES	ACTIVITIES PERFORMED							
	PERSONAL CARE	FR	SA	SU	M	TU	W	TH
Dietary								
Dressing/Grooming								
Bathing/Pers Hygiene								
Toileting/Continence								
Mobility/Transfer								
Asst Self Admin Meds								
Med Related HH Tasks								
Other								

HOMEMAKER/CHORE	ACTIVITIES PERFORMED						
	FR	SA	SU	M	TU	W	TH
Meals							
Wash Dishes							
Clean Kitchen							
Surfaces/Appliances							
Bathroom & Fixtures							
Change/Make Beds							
Floors, Sweep, Vacuum and Scrub							
Tidy & Dust							
Laundry							
Iron & Mend Clothing							
Wash Inside Windows & Blinds							
Bag Trash Inside Home & Put Out							
Shopping for Essentials							
Correspondence, Read and Write for the Impaired							
Other Optional Tasks (In contract):							

ADV PERS CARE	ACTIVITIES PERFORMED						
	FR	SA	SU	M	TU	W	TH
Ostomy Hygiene							
Catheter Hygiene							
Bowel Program							
Aseptic Dressing							
Non-Injectable Meds							
Passive ROM							
Transfer/Lift							
Other							

RESPITE	ACTIVITIES PERFORMED						
	FR	SA	SU	M	TU	W	TH
R2 - Hourly							
R3 - Block							
R4 - Advanced (Hourly)							
R5 - Advanced (Block)							
R6 - Advanced (Daily)							
R6 - Nurse Respite							
Other:							

THIS SPACE FOR OFFICIAL USE ONLY				
TOTAL UNITS Served	PC	HC	AC	RS
Billed				
Supervisor Initials:	_____			
Billing Clerk Initials:	_____			