**TIMESHEET**

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| **Pay Date Week: Sunday\_\_\_\_\_\_\_\_\_ To Saturday\_\_\_\_\_\_\_\_\_\_\_ Week Ending:\_\_\_\_\_\_\_\_\_\_\_** |
| **Day** | **Date** | **VISITS** | **Total** | **Client Sign** | **Employee Sign** |
|  |  | **Time In** | **Time Out** |  |  |  |
| **Sun** |  |  |  |  |  |  |
| **Mon** |  |  |  |  |  |  |
| **Tue** |  |  |  |  |  |  |
| **Wed** |  |  |  |  |  |  |
| **Thur** |  |  |  |  |  |  |
| **Fri** |  |  |  |  |  |  |
| **Sat** |  |  |  |  |  |  |
| **\_\_\_MC\_\_\_MD\_\_\_Waiver \_\_\_Passport\_\_\_Senior Option\_\_Insurance\_\_\_Private Pay\_\_\_Other.**  **Total Wkly Hrs**\_\_\_\_\_\_ |
| **PERSONAL CARE** | **S** | **M** | **T** | **W** | **T** | **F** | **S** | **Elimination** | **S** | **M** | **T** | **W** | **T** | **F** | **S** |
| Assist W/Bath-Bed/Tub/Shower |  |  |  |  |  |  |  | Bedroom (Toilet, Tub, Skincare) |  |  |  |  |  |  |  |
| Hair Care/Shampoo |  |  |  |  |  |  |  | Bedside Commode |  |  |  |  |  |  |  |
| Shave |  |  |  |  |  |  |  | Bedpan/Urinal |  |  |  |  |  |  |  |
| Skin Care/Back Care |  |  |  |  |  |  |  | Catheter Bag |  |  |  |  |  |  |  |
| Nail Care |  |  |  |  |  |  |  | Record Output |  |  |  |  |  |  |  |
| Foot Care |  |  |  |  |  |  |  | Incontinence Care |  |  |  |  |  |  |  |
| Oral Hygiene |  |  |  |  |  |  |  | Empty Colostomy Bag |  |  |  |  |  |  |  |
| Assist W/Dressing |  |  |  |  |  |  |  | Bowel Movement |  |  |  |  |  |  |  |
| **NUTRITION** |  |  |  |  |  |  |  | **MOBILITY** |  |  |  |  |  |  |  |
| Diet/Record Intake |  |  |  |  |  |  |  | Transfer Chair/Commode |  |  |  |  |  |  |  |
| Meal Prep. Full |  |  |  |  |  |  |  | Assist W/Ambulation |  |  |  |  |  |  |  |
| Assist W/ Feeding |  |  |  |  |  |  |  | Encourage Coughing |  |  |  |  |  |  |  |
| Encourage Fluids/Record Intake |  |  |  |  |  |  |  | Deep Breathing |  |  |  |  |  |  |  |
| **HOUSEKEEPING** |  |  |  |  |  |  |  | Turn & Position |  |  |  |  |  |  |  |
| Grocery Shopping/Prescription PU |  |  |  |  |  |  |  | **TREATMENTS** |  |  |  |  |  |  |  |
| Make Bed/Change Linen |  |  |  |  |  |  |  | Non Sterile Dressing |  |  |  |  |  |  |  |
| Tidy Work Area/Trash Removal |  |  |  |  |  |  |  | Temperature/Respirations |  |  |  |  |  |  |  |
| Clear Pathways |  |  |  |  |  |  |  | Pulse/Blood Pressure |  |  |  |  |  |  |  |
| Laundry |  |  |  |  |  |  |  | Medication Reminder (Verbal) |  |  |  |  |  |  |  |
| Vacuum |  |  |  |  |  |  |  | Other: |  |  |  |  |  |  |  |
| Sweep |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wet Mop |  |  |  |  |  |  |  | Other: |  |  |  |  |  |  |  |
| Dusting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dishes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Refrigerator |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bathroom |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Client’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_ Aide’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) (Please Print) |

**\***All Timesheets are to be turned into the office every Tuesday by 5:00 pm. Timesheets submitted after the deadline will be held until the following pay period.**\***Please make certain that timesheets are completed entirely, accurately and that they are legible. Aides must sign with their **FULL NAME**. No **SCRATCH-OUTS**. No **WHITE-OUT**. If you make a mistake, draw a single line through it, initial it and make your correction. This is the property of A-Plus Home Health Care Agency LLC. The form and information therein, is confidential and proprietary.