

A-Plus Home Health Care Agency, LLC

2238 S. Hamilton Road, Suite 100 ~ Columbus Ohio. 43232

117 W. Main Street, Suite 200 ~ Lancaster, Ohio 43130

Tel: 614 759 1440

Fax: 614 759 3250

Tel: 740.689.9191

Fax: 740.689.9230

TIMESHEET

Pay Date Week: Sunday _____ To Saturday _____ Week Ending: _____

Day	Date	Visits		Total	Client Signature	Date	Employee Signature	Date
		Time In	Time Out					
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								

___ MC ___ MC/HMO ___ MD ___ MD/HMO ___ Waiver ___ Passport ___ Passport/ HMO ___ Buckeye ___ Senior Option ___ Private Pay

___ MCO ___ ILA ___ Other(Specify) _____ TOTAL WEEKLY HOURS: _____

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							
HOMEMAKER								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															
Dusting															
Dishes															
Refrigerator															
Bathroom															
PERSONAL CARE HOURS								COMMENTS							
HOMEMAKING HOURS															
ESCORT SERVICE															
EMPLOYEE'S INITIALS FOR COMPLETED TASKS															

Client's Name: _____ Date: _____ Aide's Name: _____
(Please Print)(Please Print)

*All Timesheets are to be turned into the office every Monday by 2:00pm. 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 filled in ink and 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.

A-Plus Home Health Care Agency, LLC – Policies and Procedures Manual, Effective January 1, 2012

Confidential and proprietary materials for authorized A-Plus Home Health Care Agency, LLC. Personnel only. Use, disclosure or distribution of this material is not permitted to any unauthorized persons or third parties except by written agreement.

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PATIENT NAME: _____ DOB: _____

[illegible]

Date: _____