

Effective 2018

TIME SHEET/PLAN OF CARE

REG.#HCA0000260



17 Pierce Street
Plainville, CT 06062
(860) 793-9944

If you need to make any changes, make ONE cross through the mistake, and both client and caregiver need to initial it.

*****PLEASE USE BLUE PEN TO COMPLETE*****

Week Ending: _____ Employee Name _____

Employee Signature: _____

Client Name: _____

Table with 8 columns (Day, Sun, Mon, Tues, Wed, Thur, Fri, Sat) and multiple rows for Date, Companion, Time In/Out, Daily Total, Client Signature, and Total Hours for Week.

*Client Signature (or Designated Rep) each day each shift

Companion Duties

Table with 8 columns and 6 rows listing duties: Accompany to Appointments, Walks/Activities, Conversation, Assist with Mail, Assist with Phone calls, Reading.

*Client Signature authorizes the billing of the above hours and that the hours are accurate

CLIENT SIGNATURE _____ DATE _____