

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: _____

Day	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Date							
Homemaker							
Time In:							
Time Out:							
Time In:							
Time Out:							
Daily Total:							
*Client Signature							
					Total Hours for Week		

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

Homemaker Duties

Housekeeping							
Laundry/Change Linens/Ironing							
Shopping/Errands							
Meal Prep/Clean Up							
Assist with Communication							

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

CLIENT SIGNATURE _____ DATE _____