

Effective 2018

TIME SHEET/PLAN OF CARE

REG.#HCA0000260



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

PLEASE USE BLUE PEN TO COMPLETE

If you need to make any changes, make ONE cross through the mistake, and both client and caregiver need to initial it.
Reg.#HCA. 0000260

Week Ending: _____

Employee Signature: _____

Employee Name: _____

Client Name: _____

Table with 8 columns (Day, Sun, Mon, Tues, Wed, Thur, Fri, Sat) and multiple rows for Personal Care (Time In, Time Out) and Daily Total. Includes a Total Hours for Week row.

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

Personal Care Duties

Table with 8 columns (Day, Sun, Mon, Tues, Wed, Thur, Fri, Sat) and rows for Bathing, Dressing, Eating, Mobility, Toileting, Transferring.

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

CLIENT SIGNATURE _____

Date _____