Effective 2018 **REG.#HCA0000260**

Homemaker

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

TIME SHEET / PLAN OF CARE

Customer Name _____

Week Ending ___/___/20___

Employee Name _____

		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	Date							
	Time In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	Time Out	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	Hours Worked							
ADLs	Bathing							
	Dressing							
	Eating / Feeding							
	Grooming							
	Mobility / Walking							
	Toileting / Bowel and Bladder Care							
	Trasnsferring							
	Oral Care							
IADLs	Cueing / Reminders for Self Medication Administration							
	Housekeeping							
	Laundry							
	Meal Preparation / Planning							
	Shopping							
Other	Accompany to Appointments							
	Walks							
	Conversation							
	Errands							
	Mail / Correspondence							
	Assistance with Phone Calls							
	Reading							
	_____							
	_____							
		Customer Signature	Customer Signature	Customer Signature	Customer Signature	Customer Signature	Customer Signature	Customer Signature

ADL / IADL Codes
R = Routine
F = Frequent
I = Intermittent

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
!OBSERVE AND REPORT CHANGES IN CLIENT'S CONDITION TO THE AGENCY SUPERVISOR!
Time sheets must be received by 9AM Tuesday. NO EXCEPTIONS.
Drop off at the office or fax to (860)793-9943
If you need to make any changes, make ONE cross through the mistake,
and both caregiver and client need to sign it. Use blue ink to complete.

Employee Signature _____ Date _____

Agency Spervisor Signature _____ Date _____