

# TIME SHEET/PLAN OF CARE

Reg. #HCA.  
0000260



17 Pierce Street, Plainville CT 06062  
Phone: 860-793-9944

Department of Social Services

Week ending \_\_\_\_\_ Employee Name \_\_\_\_\_

Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date							
<b>Personal Care</b>							
Time-In							
Time-Out							
Time-In							
Time-Out							
<b>Daily Total:</b>							
<b>*Client Signature</b>							
<b>*Client Signature (or Designated Rep) each day each shift</b>							<b>Total Hours for Week</b>

### Personal Care Duties

Bathing							
Dressing							
Eating							
Mobility							
Toileting							
Transferring							

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

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_