



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

TIME SHEET / PLAN OF CARE

Customer Name \_\_\_\_\_

Week Ending \_\_\_\_\_ / \_\_\_\_\_ /20

Employee Name \_\_\_\_\_

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

**ADL / IADL Codes**

- R = Routine
- F = Frequent
- I = Intermittent

*Customer Signature*    *Customer Signature*    *Customer Signature*    *Customer Signature*    *Customer Signature*    *Customer Signature*    *Customer Signature*

**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 \_\_\_\_\_

Effective 2018

SLEEP TIMES/BREAK TIMES REG.#HCA0000260



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

Day	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Date								
Sleep Start Time:								
Sleep End Time:								
Total sleep Time :								
Breakfast start Time:								
Breakfast End Time:								
Lunch Start Time :								
Lunch End Time:								
Supper Start Time:								
Supper End Time:								
Total Break Times:								

Food Provided by Family Yes ( ) or Not ( )

CAREGIVER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_