Effective 2018

REG.#HCA0000260

Live-In

EURO HOMECARE LLC.
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								
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	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 _____