									_	_							_			
Consumer Name:							Activities	М	Т	W	Т	F	S	S	М	Т	W	Т	FS	SS
Employee Name:							Bathing							\Box						
							Hair Care													
Pay Period Start Date:					Pay Period End	Date:	Dressing							\Box				\Box		
Week 1	Date	Time in	Time Out	Break	Hours Worked	Client/Auth. Rep Signature	Lotion/Ointment													
Mon							Meal preparation		╛					j						
Tue							Eating/Drinking													
Wed							Laundry							Ī						
Thu							Light Housekeeping													
Fri							Shopping													
Sat							Medication Reminder													
Sun							Reading/Writing													
Week 1 Total hours Hours							Managing Finances													
Week 2 t	Date	Time in	Time Out	Break	Hours Worked	Client/Auth. Rep Signature	Activities							\supset				耳		
Mon							Social/Leisure Activities													
Tue							Telephone use													
Wed							Securing Transportation													
Thu							Appointment Scheduling													
Fri							Caring Personal Possessions													
Sat							Obtaining Seasonal Clothing													
Sun							Using a Prosthetic Device													
Week 2 total hours							Ambulating													
Two weeks Total Hours Hours							Range of Motion													
Employee Sign: Date:							Supervised walks							\supset						
Client/Authorized Rep sign: Date:							Supervision/Coaching/Cueing													
							Toileting							\Box				\Box		
Bowel/Bladder Management																				
Consumer Notice: By your signature above, you certify that the hours are accurate and that care was provided on the dates mentioned above.							Transfers													
Employee Notice: By your signature above, you certify that the hours posted in this timesheet are accurate and that you worked according to							Incontinence Care													
Service Plan within authorized units. You also agree to reimburse the amount if you have provided false record on this timesheet or you have							Catheter Care													
been overpaid due to technical error.							Wound Care													
Progress Note							G-tube Feedings													
Comment			Other																	