

# CARINGHANDS HOME HEALTH CARE INC.

TELE: 651-207-8245 FAX :651-493-6975

## Home Making / Companion HIS ,Time Sheet

DATES OF SERVICE MM/DD/YY	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
TIME IN	AM	AM	AM	AM	AM	AM	AM
(Circle AM/PM)	PM	PM	PM	PM	PM	PM	PM
TIME Out	AM	AM	AM	AM	AM	AM	AM
(Circle AM/PM)	PM	PM	PM	PM	PM	PM	PM

Complete the activities listed below according to the Homemaker Assignment Sheet .For additional changes contact supervisor . To ensure payment you MUST write your INTIALS next to all activities for each date you provide care

Vacuum							
Laundry							
Kitchen							
Wash Dishes							
Clean Refrigerator							
Empty Garbage							
Fold Clothes							
Put Away Clothes							
Living Room							
Dust							
Bathroom							
Clean Toilet/Sink							
Clean Shower/Tub							
Change Bed Linen							
Groceries Shopping							
Socialization							
Meal Preparation							
Other							
<b>Daily Total Hours</b>							

By signing below and completing all information each employee certifies that all information is accurate and correct. It is a federal crime to provide false information for billing Medical Assistance And Medicaid

**Total Hours For Week**

<b>RECIPIENT NAME (First , Last)</b>		<b>Client DATE</b>	<b>OF BIRTH</b>
<b>Client Signature</b>			<b>DATE</b>
<b>Employee First And Last :</b>			
		<b>DATE</b>	
<b>Employee Signature :</b>			