

## Deeper View Homemakers & Companion Services LLC

### Time Sheet/ Daily Activity Details

(Mail To: 245 Colonial Ave, Apt 14A, Waterbury, CT 06704. Fax# 203-754-1551- Email: info@dvhomemakers.com)

Client Name \_\_\_\_\_

Caregiver Name \_\_\_\_\_ Week Ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	SUN	MON	TUE	WED	THU	FRI	SAT
<b>Dates</b>							
<b>Time In</b>	am pm	am pm	am pm	am pm	am pm	am pm	am pm
<b>Time Out</b>	am pm	am pm	am pm	am pm	am pm	am pm	am pm
<b>Hours Worked</b>							
<b>Homemaker</b>							
House Cleaning/Vacuum/Dust/Mop							
Bathroom/Kitchen/Clean Appliances							
Laundry/Change Linens/Ironing							
Shopping/ Errands							
Meal Prep./ Clean Up							
Assist W/Communication							
<b>Companion</b>							
Cueing/Reminders for self-medication administration							
Supervise Activities							
Escort to Appointment							
Assist W/Communication							
*Other _____							
<b>Personal Care(Private Clients Only)</b>							
Assist W/Bathing							
Assist W/ Transferring							
Assist W/Dressing							
Assist W/Eating							
Assist W/Toileting							
Assist W/Ambulation							
Client Full Signature (or Legal Rep.) (Per Shift)	/	/	/	/	/	/	/
Mileage Total:	Weekly Total Hours:						

\*Client signature authorizes the billing of the above hours and that the hours are accurate. \* Please do not authorize in advance of service.

Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's signature certifies that information regarding hours worked and activities performed is accurate.

*(Make a copy of completed form signed by client for self and mail, or Fax original to office by Wednesday's 12noon)*

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<b>Dates</b>							
<b>Time In</b>	am pm	am pm	am pm	am pm	am pm	am pm	am pm
<b>Time Out</b>	am pm	am pm	am pm	am pm	am pm	am pm	am pm
<b>Hours Worked</b>							
<b>ADL's</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							
Shopping							
<b>Other</b>							
Accompanying client on walks, community trips, appointment							
Conversation							
Errands							
Mail/Correspondence							
Telephone Use							
*Other _____							
<b>Client Full Signature</b> (or Legal Rep.) (Per Shift)	/	/	/	/	/	/	/
Mileage Total:	Weekly Total Hours:						

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