AMERICAN ALL CARE SERVICES TIMESHEET

Client Name: Caregiver Name: Date:

Policy Number:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Service Date							
Time In							
Time Out							
Break							
Regular Time							
Overtime							
Total							

PERSONAL CARE & HOUSEKEEPING DUTIES WORKSHEET

Part A: Write your initials in the box for each task performed

	MON	TUES	WED	THURS	FRI	SAT	SUN
Bath - Tub/Sponge/Bed							
Shower							
Skin/Hair Care							
Shave							
Oral/Denture Care							
Clean/File Nails							
Dressing Assistance							
Ambulation/Transfer							
Bed Repositioning							
Medication Reminder							
Bathroom Assistance							
Incontinent Care							
Supervision to ensure safety							
Bathroom/Kitchen/General Cleanup							
Bed Made (B), Linen Change (L)							
Laundry							

Part B: Food Consumption (Indicate food intake of patient as a percent, i.e. 100%)

	MON	TUES	WED	THURS	FRI	SAT	SUN
Breakfast							
Lunch							
Dinner							

Part C: Write 'Yes' or 'No' for Bowel Movement (BM)/Urine

	MON	TUES	WED	THURS	FRI	SAT	SUN
BM							
Urine							

Part D: If applicable, write down the number of miles driven with client

	MON	TUES	WED	THURS	FRI	SAT	SUN
Mileage/Client Transportation							

_____

Client Signature

I certify that the hours reported above are accurate, the services were within satisfactory manner, and I have abided to all the terms of contract with American All Care Services.

General Comments/Observations:

_____

Caregiver Signature

I certify that I have provided complete and accurate information in completing this time sheet. I understand that it is against company policy to provide false and incomplete information on time sheets. I further certify that I have had the opportunity to take my required rest period(s) according to company policy and have taken my meal period(s) according to company policy.

Please check one of the following regarding your paycheck:

☐ Pickup

☐ Direct Deposit _____
($2.00 fee)   Institution / Acct. #

☐ Mail _____

_____
Address

FOR OFFICIAL USE ONLY:

Rec. On: _____   Rec. Via: Fax _____   Mail _____   Drop-Off _____

Entered: