



# CAREGIVER'S TIMECARD & REPORT

Caregiver's Name \_\_\_\_\_

Client's Name \_\_\_\_\_

## HOURS WORKED:

Date	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time In	:	:	:	:	:	:	:
Time Out	:	:	:	:	:	:	:
Hours Worked							
Client's Initials							

*Incidental mileage, parking and other expenses incurred for client must be submitted on a Weekly Expense Report form*

## CARE/ASSISTANCE PROVIDED (CHECK ALL THAT APPLY):

<b>Personal Care:</b> Bed Bath							
Shower/Tub Bath							
Shampoo							
Oral Hygiene							
Assistance with Dressing							
<b>Medication Reminders</b>							
<b>Nutrition:</b> Meal Preparation							
Assistance with Feeding							
<b>Elimination:</b> Bedpan/Commode							
Assist to Bathroom							
Catheter/Colostomy Bag Emptied							
Diaper Change							
<b>Activities:</b> Ambulation Assistance							
Transfer Assistance							
Bed Bound (turn & reposition)							
Assist with Range of Motion							
<b>Companionship:</b> Memory Games							
Read to/with Client							
Engaged in Conversation							
Outdoor Activities							
<b>Household:</b> Shopping/Errands							
Accompany to Appointments							
Light Housekeeping							
Laundry/Linen Change							

**Observations or Comments:** \_\_\_\_\_

CAREGIVER CONFIRMATION: I HEREBY CERTIFY THAT I HAVE PROVIDED THE PERSONAL CARE AND ASSISTANCE INDICATED BY THE CHECKMARKS ABOVE, THAT I HAVE ACCURATELY DOCUMENTED THE START AND END TIME FOR EACH SHIFT WORKED, THAT I HAVE TAKEN THE MEAL AND REST BREAKS TO WHICH I AM ENTITLED, AND THAT I WILL ACCURATELY REPORT ALL REIMBURSEABLE EXPENSES ON A WEEKLY EXPENSE REPORT FORM. IN ACCORDANCE WITH COMPANY POLICY, I WILL SUBMIT THIS TIMECARD AND WEEKLY EXPENSE REPORT FORM ON MONDAY BEFORE 5:00PM.

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

CLIENT/AUTHORIZED REPRESENTATIVE CONFIRMATION: I HEREBY CERTIFY TO YOU THAT YOUR ABOVE NAMED CAREGIVER HAS PERFORMED SATISFACTORY SERVICES FOR US FOR THE TIME INDICATED AND AUTHORIZE YOU TO BILL THE CLIENT, THE UNDERSIGNED, AND/OR THE RESPONSIBLE PARTY FOR SUCH SERVICES, INCLUDING ALL EXPENSES REPORTED BY THE CAREGIVER.

Client/Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_