

**EXCEL Home Care - Allentown**

In Home Non-Medical Care at its Finest

Weekly Time Sheet & Service Log

**Fax: 1-610-991-8002**

20\_\_

Allentown

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

Caregiver \_\_\_\_\_

Place an "X" in the column of each activity performed on that day

Please Print First & Last Names Above

Date	Time In	Time Out	Hours Worked
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Bathing Assistance	Hair Care	Dressing Assistance	Lotion/Ointment	Meal Preparation	Eating/Drinking	Laundry	Light Housekeeping	Shopping /Errands	Medication Reminder	Reading/ Writing	Managing Finances	Social/Leisure Activities	Telephone/Communication Devices	Securing Transportation	Appointment Scheduling	Caring for Personal Possessions	Obtaining Seasonal Clothing	Ambulating	Range of Motion	Supervised Walks	Supervision/Coaching/Cueing	Toileting	Bowel/Bladder Management	Transfers	Incontinence Care
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**Additional Instructions:**  
 Personal Care Services should only be performed, *in the client's home*, if indicated by the office that these services are part of their Care Plan. *If your client is no longer at home (hospitalized, incarcerated or nursing home) PLEASE CALL THE OFFICE IMMEDIATELY AND REPORT IT!*

Signature of Consumer & Caregiver (PER SHIFT)

Monday AM																													
Monday PM																													
Tuesday AM																													
Tuesday PM																													
Wednesday AM																													
Wednesday PM																													
Thursday AM																													
Thursday PM																													
Friday AM																													
Friday PM																													
Saturday AM																													
Saturday PM																													
Sunday AM																													
Sunday PM																													

<b>Total</b>	
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**TERMS & CONDITIONS:** Please make copies of blank time sheet for future weeks!  
 The signatures above (either caregiver and consumer, or consumer's authorized agent) indicate agreement as to the number of hours worked for the week listed and indicate agreement as to the services performed as indicated. *Any person(s) who knowingly submit false, fraudulent information for the purpose of wage remuneration are committing a crime and may be subject to immediate termination as well as civil and criminal penalties.* We **MUST** receive your time sheet(s) that are signed by the client by 12pm each Monday.