EXCEL Home Care - Harrisburg

In Home Non-Medical Care at its Finest

Weekly Time Sheet & Service Log

Fax: 1-717-918-5681

20__

Harrisburg

Client Name _____

Caregiver _____

Please Print First & Last Names Above

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

	Date	Time In	Time Out	Hours Worked	Bathing Assistance	Hair Care	Dressing Assistance	Lotion/Ointment	Meal Preperation	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	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																																
Total																																

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!***

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 knowinlgy submit false, fraudulent information for the purpose of wage renumeration 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.

rev. 12/16