

# Personal Care Service - Companions Home Helpers

## Time Sheet/Details of Activity

Consumer Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Week Ending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>Date</u>								
<u>Time In</u>		am pm	am pm	am pm	am pm	am pm	am pm	am pm
<u>Time Out</u>		am pm	am pm	am pm	am pm	am pm	am pm	am pm
<u>Hours Worked</u>								
ADLs	Bathing							
	Dressing							
	Eating/Feeding							
	Grooming							
	Mobility/Walking							
	Toileting/Bowel and bladder care							
	Transferring							
IADLs	self							
	medication administration							
	Housekeeping							
	Laundry							
	Meal Preparation/Planning							
	Shopping							
Other	Accompany to appointments							
	Conversation							
	Errands							
	Mail/Correspondence							
	Telephone use							
	_____							
	_____							

*Consumer Signature*     
 *Consumer Signature*     
 *Consumer Signature*     
 *Consumer Signature*     
 *Consumer Signature*     
 *Consumer Signature*     
 *Consumer Signature*

Employee Signature \_\_\_\_\_  
 Agency Supervisor \_\_\_\_\_  
 Signature \_\_\_\_\_

Date \_\_\_\_\_  
 Date \_\_\_\_\_