

Compassionate Care at Home

Live-in Weekly Caregiver Timesheet

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Daily Client Initials
TIME IN	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	
Break								
Breakfast - 60 mins.	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	
Lunch - 60 mins.	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	
Dinner - 60 mins.	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	<u>Circle</u> 45, 50, 55, 60 , 65, 70	
Mid-Afternoon/ Evening - 30 mins.	<u>Circle</u> 20+, 25, 30 , 35	<u>Circle</u> 20+, 25, 30 , 35	<u>Circle</u> 20+, 25, 30 , 35	<u>Circle</u> 20+, 25, 30 , 35	<u>Circle</u> 20+, 25, 30 , 35	<u>Circle</u> 20+, 25, 30 , 35	<u>Circle</u> 20+, 25, 30 , 35	
Sleep - 8 hrs.	<u>Write In</u>	<u>Write In</u>	<u>Write In</u>	<u>Write In</u>	<u>Write In</u>	<u>Write In</u>	<u>Write In</u>	
Total Break Time								
Interruption - Explanation NEEDED For Each Break Not Taken In Full								<u>Client Acknowledgement of Interruptions</u>

YOU MUST CIRCLE THE MOST ACCURATE TIME OR WRITE THE BREAK TIME IN IF IT IS DIFFERENT FROM THE MINUTES LISTED.
FOR SLEEP TIME, PLEASE WRITE IN THE TOTAL HOURS OF SLEEP FOR EACH NIGHT.

Caregiver Signature: _____

Client Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____