

Compassionate Care at Home Time Sheet

625 East Main Street, Ste 1, Branford, CT 06405
Phone: (203) 433-7014 Fax: (203) 208-2597

Client Name: (PLEASE PRINT)				Employee Name: (PLEASE PRINT)			
Week Ending Date: 625 East Main Street, Ste 1, Branford, CT 06405							
	SUN	MON	TUES	WED	THURS	FRI	SAT
DATES:							
TIME IN:		am pm	am pm	am pm	am pm	am pm	am pm
TIME OUT:		am pm	am pm	am pm	am pm	am pm	am pm
DAILY TOTAL:							

ADLs

Bathing							
Dressing							
Eating/Feeding							
Grooming							
Mobility/Walking							
Transferring							

IADLs

Cueing/Reminders for self-medication administration							
Housekeeping							
Laundry							
Meal Preparation/Planning							
Shopping							

OTHER

Accompany to appointments							
Conversation							
Errands							
Mail/Correspondence							
Telephone Use							

CLIENT FULL SIGNATURE (or legal Rep.) (PER SHIFT):			
MILEAGE TOTAL:	WEEKLY TOTAL HOURS:		

Client signature authorizes the billing of the above hours and that the hours are accurate. *Please do not authorize in advance of service.

Employee Signature _____ **Date** _____

(**Employee's signature certifies that the information regarding hours worked and activities performed is accurate.)