Alabama	Caregivers,	LLC
I HULL WILLIAM	Cui estreis,	

TIME SHEET

Client Name:							Caregiver:																
Address:										Week Begin: Week End:													
***** HOMEMAKER (HM) ******																++ UNSKILLED	RES	PIT	E (UR)	4.6		
Days of Week	S	N	T	V	V 7	F	: 8	S Days of Week			T	V	V 7	F	S					W			
Vac./Sweep/Mop								Obtain Rx drugs				\top	1	+		Bathe Client	+		<u>, </u>	11	-	-	-
Clean Oven/Stove			T	T	T	T	T	Purchase Food &/or		1	T	\top	1	\top	T	Skin/Hair/Oral/Nail	+	-	-			\dashv	
Defr./Clean Fridge			T	T	Τ	T	T	Ess. Home Supplies		T		1		\top	T	Dress Client	+-	-	-	\vdash	\dashv	-	_
Chnge/Wash Linen								Wash/Iron Clothes	T	1	\top	+	\top	\dagger	\vdash	Turn Client	+		-		\dashv	-	-
Make Bed				T				Write/Mail Letters		\top	T	\dagger	+	\top	T	In/Out of Bed	+-	-	-		-	\dashv	_
Wash Dishes				Г	Τ	T	1	Assist with Phone				1	\top	\top	\top	Feed Client	+	_	-	\vdash	\dashv	-	-
Sanitize Bathroom								Orient to Day Events		\vdash	1	T	1	\dagger	1	Walk Client	+	-	-	-	\dashv	\dashv	_
Assist Paying Bills								Home Safety		T		1	1	\top	T	Bowel Bladder	+			-	-	+	_
Prep/Serv Meal/Snak						T	Г	Obsv/Rprt Cond.		\vdash		1	+	1	1	Prep/Serv Meal/Snak	+	-	-	-	\dashv	+	_
Dust					1		T	Remind to take meds			\vdash	1	-	\vdash		Rmnd to take Meds	+			-	\dashv	+	
Remove Trash										\vdash		-	1	\vdash	-	Assist with Phone	+-+	-		-+	+	+	_
Tidy Living Area							-	Total Service Time			\vdash	\vdash	1		-	Vac./Sweep/Mop	\vdash	-	-	+	+	+	
****** PERSONAL CARE (PC) ******											Clean Oven/Stove	+	-	-	+	+	+	_					
Days of Week	S	М	T	W	/ T	F	S		S	M	T	\A	T	F	0		\vdash	-		+	+	+	
Bathe Client			·	<u> </u>	†	宀	-	Essent. Cleaning	-	141	<u>'</u>	44	-	+-	3	Def./Clean Fridge	\vdash	-	-	-	-	4	
Skin/Hair/Oral/Nail				-	-	\vdash		Prep/Srv/Meal/Snack	_	-	-	-	-	-		Change/Wash Linen	\vdash	-	-		\perp	+	_
Dress Client	Н			-	-	-	-	Bowel/Bladder	-		-	-	-	_	-	Wash/Iron Clothes	\vdash	_	_	-	-	_	_
Turn Client		-	-		-	-	-	Remind to take Meds			-	-	-	-	_	Wash Dishes	\vdash	_	_	4	1	\perp	
In/Out Bed		-	-	-	\vdash	-	-	Assist with Phone			_	-	<u> </u>	_		Sanitize Bathroom	\sqcup	_	_		_	\perp	
Feed Client	\vdash	-				-	-	Home Safety			_	-	-			Assist. Pay Bills	\sqcup	-	_			+	
Walk Client	\vdash	\neg			-	-	-	Obsv/Rprt Condition		_	_	_	-		-	Dust	\vdash	4	_	_		\perp	_
Essent. Laundry	-		-	-	-	-		Total Service Time	-			_	-		_	Make Bed	\vdash	4	_	_	\perp	\perp	_
2000mii 2ddiidiy		_		_		-01/	DAI	A DOMESTIC OF THE PARTY OF THE PROPERTY OF THE PARTY OF T							_	Tidy Living Area	-	4	4	_	1	\perp	
Days of Week	s	**	**	* *	+ (, OIV	PAI	NION (CO) ++++++							_	Remove Trash							
Meal/Snack/Prep	9	M	T	AA	_ !	F	S	Days of Week	S	M	Т	W	T	F	S	Write/Mail Letters							
Laundry	-						-	Go to medical Visits		_						Orient Days Events						T	
Grocery Shopping	-	-	-	_			-	Obtain Rx drugs	_	_						Obsv/rprt Condition					T	T	
	\dashv	\dashv	-	-	-		-	Toilet/Maint Continence	_							Home Safety						T	
Essent.HM Chores	+		-	_		_	_	Obsv/Report Condition	_							Total Service Time							٦
Client Bath	4	_	_	_	_		_	Assist w/Communicatio															٦
Grooming/Hygiene Rmd to take Meds	+	+	-+		-	-	-	Home Safety	4	_	_												1
Comments:								Total Service Time							_	<u> </u>							
														-	<u>. </u>								
I understand I am co	ertif	yin	g I	ha	ve r	eci	evea	the services listed on a	late	s s	pec	ifie	d. 7	his	is t	to certify that the info	rmat	ion	on	this	5		

form is true, accurate and complete. Must be signed at the end of each shift, not the end of the week.

List Serv	vices prov	vided in ser	vices box	as: HM-	- Homemaker,	PC - Personal Care,	CO - Companion,	UR Unskilled Respite	
DATE	DAY	Time	Time	Total	Service	Client Signature			
	2	In	Out	Hours	Bervice	Chefit Signature	W	orker Signature	
	SU								
	MO								
	TU								
	WE								
	TH								
	FR								
	SA								

Reviewed by Supervisor/Date:	``	x	