



HOME CARE AIDE TIMESHEET/DAILY LOG

2922 Panorama Crest, Escondido, CA 92029 • (760) 746-5568 • CuraHomeHealth.net • info@CuraHomeHealth.net
License #374700050

CLIENT NAME (First, MI, Last)

CLIENT ADDRESS CITY, STATE, ZIP

HOME CARE AIDE NAME (First, MI, Last)

For the week of **Sunday** / / thru **Saturday** / /
MM DD YY MM DD YY

My signature below affirms I have reported all time worked accurately for this assignment and during this payroll period. I have taken all rest periods as required by law. I have reported any work related injury or illness.

	DATE	TIME IN	MEAL OUT	MEAL IN	TIME OUT	DAILY HOURS
SUNDAY AM / PM						
MONDAY AM / PM						
TUESDAY AM / PM						
WEDNESDAY AM/PM						
THURSDAY AM / PM						
FRIDAY AM / PM						
SATURDAY AM / PM						
TOTAL WEEKLY HOURS						

NOTE: ALL timesheets must be received every Sunday by 10:00 AM following the week worked. Blank Timesheets can be found online at www.CuraHomeHealth.net.

I understand I am entitled to a paid 10-minute rest break when working the greater portion of 4 hours.

Misc Reimbursement (mileage, client expenses, etc)

CLIENT SIGNATURE DATE

HOME CARE AIDE SIGNATURE DATE

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
BATH	Bath / Shower							
	Dressing							
	Shampoo / Shave / Grooming							
	Oral Care / Dental Care							
BLADDER/ BOWEL	Toilet / Commode							
	Incontinence Care							
	Peri Care							
AMBULATION	Assist with Transfer							
	Bedbound							
	Weight Bearing: Full / Partial							
	Queing							
	Walker / Wheelchair / Cane							
ROM	Range Of Motion L R							
SKIN / SENSORY	Lotion to Skin							
	Nail Care							
	Turn & Position							
	Non-Sterile Dressing Change							
	Glasses / Contacts							
	Hearing Aides L R							
MEALS	Restrict Fluids/Push Fluids							
	Feed Client							
	Meal Prep B L D SN							
	Supplement Given							
	Vitals							
HOUSEHOLD SERVICES	Vacuum							
	Laundry							
	Kitchen/Dishes							
	Bathroom(s)							
	Empty Garbage							
	Make Bed / Change Linen							
OTHER								
VITALS								

COMMENTS (changes in client's condition must be documented): _____