

CARE-A-VAN Services, Inc. Weekly Time Sheet

Client Name: _____

Employee ID (last four digits of your SSN) XXX-XX-_____

Call your time sheet in by 6 PM each day or within 90 minutes of leaving your last client.
Turn your time sheets in each Wednesday.

Employee Name: _____

Consumers must sign timesheets EACH DAY. Signatures received before or after date of service are invalid. Sign only for time ACTUALLY WORKED as reporting extra time is Consumer/Employee Fraud.

Weekday	Date	Time In	Time Out	Daily Total	Personal Care	Toileting	Health	Meals/Meal Prep	House keeping	Transport/Errand Service	Declines / Rescheduled Services	Consumer Signature
Sun.	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mon.	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tues.	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wed.	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thur.	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fri.	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sat.	/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Time Sheet Total												
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Personal Care-Includes bath/shower, dressing/undressing, grooming/minor hygiene, etc.

Toileting-Includes bowel/bladder routine, assistance to and from bathroom, assistance with briefs, clean-ups, pericare, etc.

Health-Includes equipment maintenance, assistance with self administered meds (prompt, remind only) turning in bed, ROM, treatments, etc.

Housekeeping-Includes dusting, laundry, mopping vacuuming, general household work, cleaning bathrooms, house management (does not include heavy lifting, moving furniture)

Transportation-Includes essential errands, such as groceries, medications, local physicians visits, food stamps, scheduling, personal events, and with finance, and bill payments

Meals and Meal Prep-Includes meal preparation, serving, planning, consumption and clean up.

Employee Signature _____ Date _____

CARE-A-VAN Services, Inc.

Weekly Time Sheet

Weekday	Description	Homemaker Signature	Date
Sun			/ /
Mon.			/ /
Tue			/ /
Wed			/ /
Thu			/ /
Fri			/ /
Sat			/ /