

# Care and Help Home Care Agency

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## Weekly Timesheet to Clock IN/Out Call 855-538-5833

Client's Name: \_\_\_\_\_

Client EVV ID \_\_\_\_\_

Week ending (Sunday): \_\_\_\_\_

**HCA Name:** \_\_\_\_\_

HCA EVV ID \_\_\_\_\_

Schedule: Mon.-Sun.

\*\*\* PRECAUTIONS (for every visit): Standard / Fall / Anticoagulant / Bleeding / Diabetic / Aspiration / Pain / Oxygen

**Task:** FRQ – FREQUENCY: D – Daily W – Weekly M – Monthly  
ASN- as needed

FRQ	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Personal Care</b>							
Bathing							
Hair care							
Dressing							
Lotion/ skin care							
Cath Care							
<b>Activity &amp; Nutrition</b>							
Supervision / coaching/cueing/walks							
Ambulating							
Supervised walks							
Transfers							
Meal preparation							
Eating/ Drinking							
Appointment scheduling							
Securing transportation							
Medication reminder							
<b>Housekeeping</b>							
Household Assistance/Cleaning							
Laundry							
Shopping							
Obtain seasonal clothing							
Caring for personal possessions							
<b>Other</b>							
Reading / Writing							
Managing finances							
Social activities							
Telephone / communication devices							
<b>Elimination</b>							
Toileting							
Bowel / bladder management							
Incontinence care							

Monday			
Date	Time In	Time Out	Hours
Client Sign: _____			
Tuesday			
Date	Time In	Time Out	Hours
Client Sign: _____			
Wednesday			
Date	Time In	Time Out	Hours
Client Sign: _____			
Thursday			
Date	Time In	Time Out	Hours
Client Sign: _____			
Friday			
Date	Time In	Time Out	Hours
Client Sign: _____			
Saturday			
Date	Time In	Time Out	Hours
Client Sign: _____			
Sunday			
Date	Time In	Time Out	Hours
Client Sign: _____			

Comments (all comments must be referred to the office within 24hrs): \_\_\_\_\_

**HCA SIGNATURE:** \_\_\_\_\_

Did any accident/incident occur this week with a client? YES NO

Did any accident/incident occur with HCA? YES NO

