

Care and Help Home Care Agency

1051 County Line Road, Suite 103, Huntingdon Valley, PA 19006 Phone: (267)778-9180 | Fax: (215) 689 -4274 | Email: phlhomecare@gmail.com

Weekly Timesheet to Clock IN/Out Call 866-505-2489

Client's Name: _____

Week ending (Sunday): _____

PCA Name: _____

PCA 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
Personal Care								
Bathing								
Hair care								
Dressing								
Lotion/ skin care								
Cath Care								
Activity & Nutrition								
Supervision / coaching/cueing/walks								
Ambulating								
Supervised walks								
Transfers								
Meal preparation								
Eating/ Drinking								
Appointment scheduling								
Securing transportation								
Medication reminder								
Housekeeping								
Household Assistance/Cleaning								
Laundry								
Shopping								
Obtain seasonal clothing								
Caring for personal possessions								
Other								
Reading / Writing								
Managing finances								
Social activities								
Telephone / communication devices								
Elimination								
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

