

# 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: coordination@carehc.com

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

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

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

**DCW/Caregiver Name:** \_\_\_\_\_

**Schedule: Monday-Sunday**

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

Task: <small>FRQ – FREQUENCY: D – Daily W – Weekly M – Monthly ASN- as needed</small>	FRQ	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Monday																																																																																																																																																																																																																																																									
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Comments (all comments must be referred to the office within 24hrs): \_\_\_\_\_

I hereby certify that my electronic timesheet is correct and valid in Compliance with Care and Help Policy and Procedures.

**DCW/Caregiver Signature:** \_\_\_\_\_

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

  

Monday			
Date	Time In	Time Out	Hours
<b>Client Sign:</b>			
Tuesday			
Date	Time In	Time Out	Hours
<b>Client Sign:</b>			
Wednesday			
Date	Time In	Time Out	Hours
<b>Client Sign:</b>			
Thursday			
Date	Time In	Time Out	Hours
<b>Client Sign:</b>			
Friday			
Date	Time In	Time Out	Hours
<b>Client Sign:</b>			
Saturday			
Date	Time In	Time Out	Hours
<b>Client Sign:</b>			
Sunday			
Date	Time In	Time Out	Hours
<b>Client Sign:</b>			

