



HHA/ PCA WEEKLY TIMESHEET

CLIENT NAME (First, Last) _____ HOME HEALTH AIDE (First, Last) _____

For the week of: Sunday ____/____/____ to Saturday ____/____/____

DATES OF SERVICE (MM/DD)	Sunday ____/____	Monday ____/____	Tuesday ____/____	Wednesday ____/____	Thursday ____/____	Friday ____/____	Saturday ____/____
TIME IN (circle AM / PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT (circle AM / PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
DAILY TOTAL HOURS							

Tasks		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
BATH & PERSONAL CARE	Assist w/Chair Bath							
	Bed Bath							
	Tub Bath							
	Shower							
	Shower w/Chair							
	Shampoo Hair							
	Hair Care							
	Oral Care							
	Skin Care							
	Pericare							
	Nail Care							
	Shave							
	Assist w/Dressing							
	Medication Reminder							
	Other (Describe)							
NUTRITION	Light Meal Preparation							
	Assist w/Feeding							
	Limit/ Encourage Fluids							
	Other (Describe):							
ELIMINATION	Assist w/Elimination							
	Assist w/ Bed Pan/Urinal							
	Assist w/BSC							
	Incontinence Care							
	Empty Drainage Bag							
	Catheter Care							
ACTIVITY	Record Bowel Movement							
	Dangle on Side of Bed							
	Turn & Position							
	Assist w/Transfer							
	Assist w/Ambulation							
	Range of Motion							
	Mobility Assist							
HOUSEHOLD	Equipment Care							
	Make Bed							
	Change Linen							
	Light Housekeeping							
	Bedroom/ Bathroom/ Kitchen/ Laundry							
PCA	Other (Describe)							
	Errands (PCA only): Shopping/ Prescription Pickup/ Appointment							

CLIENT SIGNATURE	DATE	HHA/ PCA SIGNATURE	DATE
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ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 10:00AM FOLLOWING THE WEEK WORKED.