

MY HOME CARE, LLC				HRS	Catheter care
Date	IN	OUT			
CLIENT: _____ AIDE: _____ enter 'x' for completion enter 'R' for refusal					Incontinence care
SUN					Transfers
MON					Bowel/bladder management
TUES					Toileting
WED					Supervision/coaching/cueing
THURS					Supervised walks
FRI					Range of motion
SAT					Ambulating
					Using a prosthetic device
					Obtaining seasonal clothing
					Caring for possessions
					Appointment scheduling
					Securing transportation
					Communication devices
					Social/leisure activities
					Managing finances
					Reading/writing
					Medication reminder
					Shopping
					Light housekeeping
					Laundry
					Eating/drinking
					Meal preparation
					Lotion/ointment
					Dressing
					Hair Care
					Bathing

I attest that the hours and times stated on this time sheet were worked by me

All completed services and refusals must be recorded for each shift. Please refer to the consumers documentation book and/or your immediate supervisor for specific duties.

I agree the above was completed

_____ MHC EMPLOYEE SIGNATURE

_____ CONSUMER SIGNATURE