TIME SHEET

GOOD FAMILY SUPPORT SERVICES

"Family taking care of family."

6715 Ogontz Avenue Philadelphia, PA 19138 215.849.4744 1.888.509.6229



EMPLOYEE NAME:			CAREGIVER CODE:		CLIENT NAME				
succes	sful EVV was no	t placed, and you v	nter the date, start and vere at work. Patient cor EDIATELY. 215-849-47	dition change	well as your duty cod s, including hospitaliz	es for each day a ations, should be			
	PAY WEEK (DATES)								
	SATURDAY FRIDAY								
	Date	Start Time	End Time		UTY CODES of Care & OTHER DUTIES	TOTAL HOURS			
Sat									
Sun	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Mon									
Tue									
Wed									
Thu									
Fri									
		-			Hours Total				
REASON: You must provide a reason why you were unable to successfully complete your clock ins and outs for the dates indicated. Electronic Visit Verification is the only approved method for confirming your shift. Timesheets are only utilized in extreme cases.									
Employee: By your signature, you certify that the hours recorded for the above dates are true and accurate and are properly verified by the client.									
EMPLOYEE SIGNATURE:						DATE:			
Client: By your signature, you certify that hours shown are correct, and work was completed satisfactorily for the days and time documented.									
	SIGNATURE	DATE							

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Personal Care		1	nd Administration		. ****
106	Hair Care-Shampoo	235	Take Temperature		A Fax
115	Meal Preparation	236	Take Pulse	100	od Family
116	Housework/Chore	237	Take Blood Pressure		Z
117	Managing Finances	238	Weigh Patient	-	L'ces K
118	Managing Medications	239	Take respirations		e e
119	Shopping	240	Record Output (Urine/BM)	7	*
120	Transportation	257	Monitor Patient Safety	Do	1-100K4
122	Hygiene	261	Infection Control Precautions	Suppo	rt Ser
123	Dressing Upper	262	Fall Risk Precautions		
124	Dressing Lower	263	Choke Risk Precautions		
125	Locomotion	264	Seizure Precautions	General D	outies
126	Transfer	265	Safe Transfer precautions	256	Assist with Exercises
127	Toilet Use			226	Record intake - Food
128	Bed Mobility	Treatme	ent / Special Needs		
129	Eating	204	Bathtub		
130	Bladder Incontinence	205	Bath-Shower	Nutrition	
131	Bowel Incontinence	206	Bath-Bed		Patient is on a
132	Personal Care T1019	206		220	prescribed diet
134	Bathing	207 208	Patient Requires Total Care	221	Prepare-Breakfast
137	Lotion/Ointment		Mouth Care/Denture Care	222	Prepare-Lunch
138	Laundry	216	Toileting Commode	223	Prepare-Dinner
139	Reading/Writing	217	Toileting-Commode	224	Prepare Snack
140	<u>.</u>	218	Toileting-Bedpan/Urinal	A	
i	Supervision/Coaching/Cueing	219	Toileting-Toilet	Activity	
141	Incontinence Care	228	Transferring Turning and positioning (At least	229	Assist with walking Patient walks with
142	Catheter Care	233	Q2)	230	assistive devices
142	THE LO				Assist with home
143	Wound Care	241	Assist with catheter care	231	Exercise program Range of Motion
144	G-Tube Feeding	242	Empty foley bag	232	Exercises
145	Stairs	243	Assist with ostomy care	256	Assist with Exercises
209	Hair Care-Comb	244	Remind to take medication		
210	Grooming-Shave	245	Assist with Treatment		
212	Grooming-Nails	246	Medication Reminders		
		240	Wedleation Reminders		o enter your duties with
213	Dressing	253	Accompany Patient to medical Appt.		ft whether utilizing the one or Mobile App for
214	Skin Care				Timekeeping.
215	Foot Care	Patient Support Activities			
225	Assist with feeding	202	Via Telephone		
247	Change bed linen	203	Other		
248	Patient Laundry	211	Caring for personal possessions		
249	Light Housekeeping	255	Diversional Activities-Speak/Read		
250	Clean Bathroom	258	Feed Cat or Dog		
251	Clean Patient Care Equipment	259	Walk Dog		
252	Patient shopping and errands	260	Clean Cat Litterbox		
254	Accompany Patient on Errands				