

# ALLIANCE HOME HEALTH CARE & NURSING SERVICES

## Home Health Aide Charting and Timesheet

CLIENT NAME: \_\_\_\_\_ EMPLOYEE NAME: \_\_\_\_\_

Employee must write in the date MM/DD/YY for each day and circle A.M. or P.M. for time in and out for each shift worked.

DATE:	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
DAY	<u>Saturday</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	TOTAL/ WEEK
<b>Time In:</b>	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	
<b>Time Out:</b>	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	
<b>HOURS/MIN WORKED/DAY</b>								

**ACKNOWLEDGEMENT AND REQUIRED SIGNATURES:** Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the Care Plan.

<b>EMPLOYEE SIGNATURE:</b>	<b>DATE:</b>
<b>CLIENT SIGNATURE:</b>	<b>DATE:</b>

**SERVICES PROVIDED:** Employee must initial all services that are provided to the client for each shift.

	Sat	Sun	Mon	Tue	Wed	Thur	Fri
<b>PERSONAL CARE:</b>							
BATH – BED/ PARTIAL/SHOWER/TUB							
ORAL HYGIENE (BRUSH TEETH/CLEAN DENTURES)							
SHAMPOO							
SHAVE							
SKIN CARE							
LOTION/MASSAGE							
CHANGE POSITION/ TURN							
ASSIST WITH DRESSING							
ASSIST WITH MEDICATIONS							
TRANSFER – TRANSFER BELT/HOYER LIFT							
ASSIST WITH AMBULATION: CANE/WALKER/ W/C							
RANGE OF MOTION EXERCISES (ACTIVE) (PASSIVE)							
DRESSING CHANGES							
TPR/BP							
CATHETER CARE/EMPTY BAG/ PERI CARE							
BOWEL PROGRAM: YES NO							
BOWEL MOVEMENT: YES NO							
INCONTINENCE/ CHANGE DIAPERS/PERI-CARE							
<b>HOMEMAKING:</b>							
LINEN CHANGE							
LIGHT HOUSEKEEPING							
LAUNDRY/GROCERY SHOPPING							
MEAL PREPARATION							
OTHER: _____							
<b>OTHER:</b>							
SOCIAL/ RECREATION							
SHOPPING							
ERRANDS							
TRANSPORTATION							

DATE/ TIME	COMMENTS
SATURDAY	
SUNDAY	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

**EMPLOYEE SIGNATURE:** \_\_\_\_\_