EXCEL Home Care- Philadelphia

In Home Non-Medical Care at its Finest

Weekly Time Sheet & Service Log

Fax: 1-215-933-6965 or 1-215-554-6336 or 1-267-285-2949

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Client Name					Place an "X" in the column of each activity performed on that day														Philad	elphia													
Caregiver Please Print First & Last Names Above					÷	sistance		ssistance	tment	eration	ıking		ekeeping	Errands	Reminder	/riting	Finances	Social/Leisure Activities	Telephone/Communication Devices	Securing Transportation	Appointment Scheduling	Caring for Personal Possessions	Obtaining Seasonal Clothing	g	ſotion	Walks	Supervision/Coaching/Cueing		Bowel/Bladder Management		e Care	Additional Ir Personal Care Serv performed, in the indicated by the office are part of their Care is no longer at hor incarcerated or PLEASE CALL	ices should only be client's home, if e that these services Plan. If your client me (hospitalized, nursing home)
	Date	Time In	Time Out	Hours Worked		Bathing Assistance	Hair Care	Dressing Assistance	Lotion/Ointment	Meal Preperation	Eating/Drinking	Laundry	Light Housekeeping	Shopping /Errands	Medication Reminder	Reading/ Writing	Managing Finances	Social/Leis	Telephone/Co	Securing T	Appointme	Caring for F	Obtaining 5	Ambulating	Range of Motion	Supervised Walks	Supervision	Toileting	Bowel/Blad	Transfers	Incontinence Care	IMMEDIATELY A Signature of Cons (PER S	ND REPORT IT! umer & Caregive
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TERMS & CONDITIONS: Please make copies of blank time sheet for future weeks!

Total

The signatures above (either caregiver and consumer, or consumer's authorized agent) indicate agreement as to the number of hours worked for the week listed and indicate agreement as to the services performed as indicated. Any person(s) who knowing submit false, fraudulent information for the purpose of wage renumeration are committing a crime and may be subject to immediate termination as well as civil and criminal penalties.

We <u>MUST</u> receive your time sheet(s) that are signed by the client by 12pm each Monday.