

S U N	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOTAL CSS/CLS

Client Name: _____

1. Employee Name: _____

2. Employee Name: _____

M O N	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOTAL CSS/CLS

Week Ending: _____

T U E S	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOTAL CSS/CLS

W E D	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOTAL CSS/CLS

T H U R	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOTAL CSS/CLS

F R I	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOTAL CSS/CLS

S A T	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS
Client Signature:				TOT HMK	TOT PC	TOT RC	TOTAL CSS/CLS

Homemaking	SU	MO	TU	WE	TH	FR	SA
Clean Bathroom							
Change/Make Bed							
Clean Living Room							
Clean Appliances							
Dishes							
Clean Kitchen							
Meal Prep/Clean Up							
Laundry							
Dusting							
Sweep/mop/vacuum							
Empty Trash							
Shopping Errands							
Ironing/Mending							
Correspondence							
Other							
Personal Care	SU	MO	TU	WE	TH	FR	SA
Dietary Meals/Clean Up							
Dressing/Grooming							
Bathing/Pers. Hygiene							
Toileting/Continence							
Mobility/Transfer Asst.							
Asst. Self Admin. Meds							
Med. Related HC Tasks							
Other							
Respite Hours	SU	MO	TU	WE	TH	FR	SA
CSS/CLS	SU	MO	TU	WE	TH	FR	SA

Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Loving Care Home Care of Canton - 5860 N Canton Center Rd, Suite 306, Canton, MI 48187 Ph: (734) 756-3979
One Client Sheet Per Client. If you have 2 clients = 2 client sheets

Attention: Submitting client sheets while a participant/client is in the Hospital/Rehab/Nursing Home/Vacation/Not At Home. will have fraud implications and will be reported to the Office of Inspector General (OIG). You CANNOT provide services when a participant/client is in the Hospital/Rehab/Nursing Home/Vacation/Not At Home.

Signing a participant/client name on this form will have fraud implications and will be reported to the OIG.

