	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS				
								Client Name:			
s	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS				
U								1. Employee Name:			
N											
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	Official digitature.							2. Employee Name:			
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	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS	Week Ending:			
	Date	Time in	Time out	THUIL	10	NO.	000/020	Week Ending.			
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	Data	Time In	Time Out	LIMIZ	DC.	DC.	000/01 0				
M	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS	Clean Bathroom			
0								Change/Make Bed			
N								Clean Living Room			
	Client Signature:			TOT HMK	TOT PC	TOT RC	TOTAL CSS/CLS	Clean Appliances			
								Dishes			
								Clean Kitchen			
								Meal Prep/Clean Up			
	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS	Laundry			
1								Dusting			
1_		1						Sweep/mop/vacuum			
Т	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS	Empty Trash			
U			1				000/020	Shopping Errands			
Е								Ironing/Mending			
s	Cliant Cinnatur	<u> </u>	J	TOT HMK	TOT DO	TOT DC	TOTAL CCC/CLC				
	Client Signatur	Client Signature:			TOT PC	TOT RC	TOTAL CSS/CLS	Correspondence			
								Other State of the			
								Personal Care SU MO TU WE TH FR SA			
_								Dietary Meals/Clean Up			
	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS	Dressing Grooming			
								Bathing/Pers. Hygiene			
								Toileting/Continence			
W	Date	Time In	Time Out	HMK	PC	RC	CSS/CLS	Mobility/Transfer Asst.			
Е								Asst. Self Admin. Meds			
D								Med. Related HC Tasks			
D	Client Signatur	e:		TOT HMK	TOT PC	TOT RC	TOTAL CSS/CLS	Med. Related HC Tasks			
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THUR	Date  Date  Client Signatur  Date  Date  Client Signatur	Time In  Time In  Time In  Time In	Time Out Time Out	HMK  TOT HMK  HMK  TOT HMK	PC TOT PC PC TOT PC	RC  RC  TOT RC  RC  TOT RC	CSS/CLS  CSS/CLS  TOTAL CSS/CLS  CSS/CLS  TOTAL CSS/CLS	Med. Related HC Tasks Other Respite Hours SU MO TU WE TH FR SA CSS/CLS 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			
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THUR	Date  Date  Client Signatur  Date  Date  Date  Date  Date	Time In  Time In  Time In  Time In  Time In  Time In	Time Out Time Out Time Out	HMK  TOT HMK  HMK  TOT HMK  HMK  HMK	PC PC PC TOT PC PC PC	RC RC TOT RC RC RC RC	CSS/CLS  CSS/CLS  TOTAL CSS/CLS  CSS/CLS  TOTAL CSS/CLS  CSS/CLS  CSS/CLS	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			

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

<u>Attention:</u> 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.