

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: _____

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

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Client Notes:

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

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Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

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Date

Loving Care Home Care - Client Sheet

7596 Macomb, Suite 4

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One Client Sheet Per Client. If you have 2 clients = 2 client sheets