

Rose's Agency Home Care Weekly Timesheet

Client Name - _____ Home Care Aide Name - _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Service Date							
Time Arrived							
Time Left							
Miles							
Total Hours							

Total hours for the week: _____

Total miles for the week: _____

CLIENT'S SIGNATURE APPROVES THE TOTAL WEEKLY HOURS & MILEAGE

Client sign here: _____ Date _____

Caregiver Care Notes

1. Did any physical or behavioral changes occur ~~with~~ the client in the past week? Yes/No

If yes, please explain. _____

2. Any changes on the medication? Yes/No

If yes, please explain. _____

3. Are there any doctor's appointments coming up in the ~~next~~ week? Yes/No

If yes, please explain. _____

Additional Notes: _____

RETURN TIME SHEETS FOR PREVIOUS WEEK via TEXT, EMAIL, OR DROP OFF BY **MONDAY 10AM**

TEXT: 323-937-3022 | EMAIL: contact@rosesgaencyhomecare.com

I hereby certify that the above times, dates, activities, and mileage that I have entered are true and accurate and that I complied with the rules and regulations required by Rose's Agency Home Care. I have incurred no injury to report during my shift. I have reported all Special Incidents involving the consumer that have occurred during my shift to my supervisor. I have taken the appropriate meal and rest breaks. I certify that 80% of my time signed on this weekly time sheet was spent directly on client care and not on household chores.

Attendant/Home Care Aide Signature: _____ Date: _____