

Chosen Family Home Care Aide Activity Timesheet Log

Client name: _____

Week of _____ to _____. Employee: _____
Sunday
Saturday

Day	Date	Time in	Time out	Total hours	Client signature
Sun					
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					

Task	Su	M	Tu	W	Th	F	Sa	Task	Su	M	Tu	W	Th	F	Sa
Tub								Assist w/ Ambulation: W/c/ Walker/ Cane							
Shower								Catheter care							
Shower w/ chair								Emptying urinary bag							
Sponge bath								Emptying ostomy bag							
Bed bath								Record intake/ output							
Assist w/ dressing								Medication reminder							
Hair care								Passive ROM							
Shampoo								Meal preparation							
Skin care								Assist w/ feeding							
Foot care								Limit/ Encourage fluids							
Check pressure areas								Grocery shopping							
Nail care								Wash clothes							
Oral care								Equipment care							
Clean dentures								Light housekeeping: Bed/ bath/kitchen/linen change							
Assist w/ elimination								Reposition in bed/chair							

YOU MUST READ THE STATEMENT BELOW BEFORE YOU SIGN

- I certify that hours and tasks shown on this accurately represent the total hours I worked to accomplish the tasks and they were properly verified.
- I certify that all the patient's signatures are authentic.
- I must report any patient's falls, emergency transfers, hospitalizations, and all incidents to the Agency immediately.
- I understand that Chosen Family Home Care does not provide PAS services in a Hospital or a Skilled facility.
- Providing false information is grounds for disciplinary action, up to and including termination.

At week's end, aide signs below to confirm that this log is accurate to the best of their knowledge.

Aide name: _____ Signature: _____