LIFELONG HOME CARE, LLC

TIMESHEET

Employee Name: _____

Consumer Name: _____ Assignment ID: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS OF THE SHIFT
	Select	Select	Select

ACTIVITY RECORD

Directions: This is a legal document. Check the assignment/care plan. Check each activity that is completed. Indicate "R" if an assigned activity is refused by the consumer. Indicate "H" for hospitalizations. Consumer changes, including hospitalizations should be called in to the Case Manager, IMMEDIATELY. 717-419-9719

Services	Duty ID	
Meal Preparation	115	
Managing Medications	118	
Shopping	119	
Hygiene	122	
Transfer	126	
Bathing	134	
Lotion/Ointment	137	
Laundry	138	
Reading/Writing	139	
Supervision/Coaching/Cueing	140	
Incontinence Care	141	
Hair Care	204	
Dressing	205	
Telephone/Communication Devices	206	
Social/Leisure Activities	207	
Bowel/Bladder Management	208	
Supervised Walks	209	
Obtaining Seasonal Clothing	210	
Range of Motion	212	
Ambulatin	213	
Securing Transportation	214	
Light Housekeeping	215	
Appointment Scheduling	216	

CONSUMER NOTE: *By your signature, you certify that hours shown are correct, and work was completed satisfactorily for the days and time documented:*

Employee Signature:	Date:
Consumer Signature:	Date:

Please drop off or EMAIL timesheets to ***info@lifelonghomecare.com*** *. You will NOT be paid without your timesheet.*