



Care and comfort at a moment's notice.

Weekly Time Sheet & Service Log

MUST BE RECEIVED NO LATER THAN NOON EVERY MONDAY.

FAX TO: 1-888-502-3059

No Cover Page Needed.

EMAIL TO:

shtimesheets@gmail.com

Client Name: _____

Caregiver _____

Place an X in the column of each activity performed on that day

Companion Client Services

Personal Care Client Services

	Date	Time In	Time Out	Hours Worked	Miles Driven
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Companionship	Meal Planning & Prep	Light Housekeeping	Shopping & Errands	Medication Reminder	Laundry & Linen	Bathing Assistance	Dressing Assistance	Toileting Assistance	Eating Assistance	Ambulation Assistance	Change in Status

Additional Instructions:
 Personal Care Services should only be performed if indicated by the office that these services are part of the Care Plan. **If the client's "normal" status has changed please make note of it!**

Other Activities/Daily Notes

Total					
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Other Notes (Please elaborate if you checked "change in status")

TERMS & CONDITIONS

The signatures below (of the caregiver and client, or the client's authorized agent) indicate agreement as to the number of hours worked for the week listed and indicate agreement as to the services performed as indicated. The client or authorized agent understands that invoices will be generated from this information and mailed on a bi-weekly basis (unless otherwise specified on your Service Agreement). Invoices are due upon receipt. Caregiver understands that failure to complete this time sheet and forward to, by hand, mail, email or fax, the corporate office of Senior Helpers by 5:00PM each Monday will result in a delayed payment.

 Client Name or Authorized Agent Printed

I certify the time and activities indicated on this time sheet and daily log to be true and accurate.

 Client or Authorized Agent Signature

 Date

 Caregiver Signature

 Date