

**Westchester Family Care Inc.**

**HOME HEALTH AIDE TIMESHEET**

CLIENT NAME (First, MI, Last)	HHA (First, MI, Last)
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DATES of SERVICE <small>(month/date)</small>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>TIME IN</b> <small>(Circle AM/PM)</small>	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
<b>TIME OUT</b> <small>(Circle AM/PM)</small>	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
<b>DAILY TOTAL HOURS</b>							

**\*\*TOTAL HOURS FOR WEEK:** [                      ]

**Instructions: Circle the specific task completed and Check each task performed on the day worked. R=Refused (document below)**							
TASK	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Bathing:</b> Tub							
Shower							
Bed Bath / Sponge							
<b>Oral Care:</b> Mouth / Teeth / Dentures							
<b>Foot Care:</b> Lotion							
<b>Groom:</b> Shampoo							
Brush/Comb							
Shave / Dress							
Teds / Stockings							
<b>Nails:</b> "File Only" ( Do Not Cut Nails)							
<b>Skin Care:</b> Lotion							
<b>Toilet:</b> Bathroom / Commode							
Urinal / Bedpan							
Incontinent/Briefs/Peri-Care							
Foley / Texas Catheter							
Ostomy Care							
<b>Record:</b> Intake / Output							
Bowels							
<b>Transfers:</b> Assist /Full / Hoyer/Bedbound							
<b>Ambulation:</b> Assist / Contact Guard							
Walker / Cane / Prosthesis / W/C							
<b>Diet:</b> "                      "							
<b>Meal Prep:</b> Bkfast/Lunch/Dinner/Snack							
<b>Feeding:</b> Assist / Cut / Feed Client							
<b>Turn&amp;Position:</b> Every _____ Hours							
<b>Exercise/ROM:</b> Assist / Remind							
<b>Record Weight:</b>							
<b>Record:</b> Temp. / Pulse / Resp. / B/P							
<b>Record Glucose:</b>							
<b>Medication Reminders:</b>							
<b>Escort:</b> Outdoors / MD							
<b>Dispose Garbage:</b>							
<b>Tidy:</b> Kit/ Bathrm/ Bedrm/ Living Room							
<b>Vacuum / Mop / Dust:</b>							
<b>Change Bed Linens:</b>							
<b>Make Bed:</b>							
<b>Laundry:</b>							
<b>Shopping:</b>							
<b>Glasses / Hearing Aid- Left ear/Right ear</b>							
<b>Oxygen:</b> _____ Liter/Min _____ Hours/Day							
<b>Remind Client to wear PERS Unit:</b>							
<b>Other:</b>							
<b>Companion/Escort Only</b>							

**\*\*HHA Comments:** \_\_\_\_\_

Client Signature:	Date:	HHA Signature:	Date:
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*\*NOTE: ALL Timesheets MUST be received EVERY MONDAY by 12:00PM following the week worked. Please call the Agency after you sent your timesheets to make sure they were received. Blank Timesheets can be found on our website [WWW.WESTCHESTERFAMILYCARE.COM](http://WWW.WESTCHESTERFAMILYCARE.COM)*

Office Use Only. Please Initial & Date		
Admin	HHA Sup	RN Sup