

Employee Name (print)		Client Name:
Employee Name (print)		Client Signature:
Employee Name (print)		Client Acknowledgement: Please carefully read this form. Client certifies that: hours shown are correct; all duties performed, and all services provided by Helpful Hands Home Care employee were done satisfactorily and all transactions performed on client's behalf were completed fully and correctly and are considered final.
Employee Name (print)		
Date Range Week ending Sat at ___/___/___ to ___/___/___ 11:59pm		

Day/Date	S: ___/___	M: ___/___	T: ___/___	W: ___/___	T: ___/___	F: ___/___	S: ___/___
Start Time							
Break Time							
End Time							
Total Hours							
Total Mileage							

Total Hours Worked for Entire Week: Round hours to nearest quarter hour	Hours / Minutes _____
Overtime hours (if applicable)	Hours _____ / Minutes _____
Total mileage authorized	Total Mileage:

Duties Performed	S	M	T	W	T	F	S	Duties Performed	S	M	T	W	T	F	S
Bathroom Maintenance								Bathing Assistance							
Kitchen Maintenance								Bed Bath							
Empty Trash								Dress/Undress Assistance							
Housekeeping								Personal Hygiene							
Change Linens								Assist to Bathroom							
Make Beds								Assist with Toileting							
Laundry								Transfer Assistance							
Vacuum, Sweep, Mop								Change Briefs							
Medication Reminders								Incontinence Care							
Transfer from/to bed								Errands							
Transfer from/to chair								Grocery Shopping							
Hoyer lift								Recreational Activities							
Slide board								Transportation							
Gait Belt Transfer								Meal Prep							
Other duties performed								Feeding Assistance							