Restoring healthy lives one block at a time!

HHA - ACTIVITY REPORT Timesheets

Employee Name: _____ Employee No: _____

Client Name: _____ Client No: _____

Date	Day	Time – In AM	Time – Out AM	Time – In PM	Time – Out PM	Hours	HHA Full Signature	Consumer authorize Signature	Hours
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								
	Sunday								

Services:	M	Tu	W	Th	F	Sa	Su
BATH CIRLCE ONE							
Tub/Shower							
Bed – Partial							
Bed – Complete							
Assist Bath-Chair							
Shampoo Hair							
Comb Hair							
Mouth Care							
Shave ☐ Elect ☐ St							
Assist with Dressing							
Clean/File Nails							
Soak Feet							
ELIMINATION							
Perinea Care							
External Cath Care							
Measure Cath Care							
Bedpan/Urinal-							
Commode							
Empty Drainage Bag							
CIRCLE ONE							
Dry, Red, Bruised, Itch							
SWELLING IN							
Hand/Legs (R/L)							

Services:	M	Tu	W	Th	F	Sa	Su	Changes in Cond /Comments
SKIN CARE								
Moisture Skin								
ACTIVITY								
Ambulate/Mobility								
Walker/Cane/Crutches								
Chair/Bed/Commode								
Transfer-Chair/WC								
Turn/Position Pt.								
Other/ROM								
MEALS								
Prepare								
Feed								
Setup								
Encourage/Offer Fluids								
Homemaker								
Change Bed Linen								
Make Bed								
Light Housekeeping								
Bathroom care								
Living Room Cleaning								
Kitchen care/Cleaning								
Laundry/Ironing								
Removing trash								
Errands/Shopping								
Pharmacy Errands								
							Total Hours	

NOTE: **Your signature indicates your approval of the hours that have been documented. LATE TIME SHEETS WILL RESULT IN DELAY OF PAY.**

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