



HHA - ACTIVITY REPORT Timesheets

Employee Name: _____ Employee No: _____

Restoring healthy lives one block at a time! 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	Services:	M	Tu	W	Th	F	Sa	Su	Changes in Cond /Comments
BATH CIRCLE ONE								SKIN CARE								
Tub/Shower								Moisture Skin								
Bed – Partial								ACTIVITY								
Bed – Complete								Ambulate/Mobility								
Assist Bath-Chair								Walker/Cane/Crutches								
Shampoo Hair								Chair/Bed/Commode								
Comb Hair								Transfer-Chair/WC								
Mouth Care								Turn/Position Pt.								
Shave ☐ Elect ☐ St								Other/ROM								
Assist with Dressing								MEALS								
Clean/File Nails								Prepare								
Soak Feet								Feed								
ELIMINATION								Setup								
Perinea Care								Encourage/Offer Fluids								
External Cath Care								Homemaker								
Measure Cath Care								Change Bed Linen								
Bedpan/Urinal-								Make Bed								
Commode								Light Housekeeping								
Empty Drainage Bag								Bathroom care								
CIRCLE ONE								Living Room Cleaning								
Dry, Red, Bruised, Itch								Kitchen care/Cleaning								
SWELLING IN								Laundry/Ironing								
								Removing trash								
								Errands/Shopping								
Hand/Legs (R/L)								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.

Careseniorsllc.com/care4seniors-llc 4841 Monroe St 2nd floor Suite 203 Toledo, Ohio 43623 Tel: 419-490-6699 Fax: 888261-3415