Care For You HHA

1650 W Market Street Ste#19 Akron, Ohio 44313
Phone: (234)344-0185

HHA Dept:002
Effective: 9/15

HOME HEALTH AIDES TIMESHEETS

CLIENT NAME:(First,MI,Last)	HOME HEALTH AIDE NAME(First, MI,Last)

For the week of:**Sunday**___/____/____thru **Saturday**_____/_____/____
MM DD YY MM DD YY

DATE OF SERVICES: (MM/DD)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME IN: (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT: (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
DAILY TOTAL HOURS:							
CLIENT INITIALS:							
HOME HEALTH AIDE INITIALS:							
						TOTAL HOURS FOR WEEK:	

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
SERVICES PROVIDED:							

CODES:	*DUTIES PROVIDED:*	*CODES:*	*DUTIES PROVIDED:*
A	**Bathing/Shower**	V	**Toilet Commode**
B	Dressing/Undressing	W	Bedpan/Urinal
C	Oral Care/Dentures Care	X	Brief/Pad
D	Shampoo	Y	Peri Care
E	Sponge Bath/Bed Bath	Z	Incontinent
F	Shave	1	Catheter Care
G	**Feed Client**	2	Bedbound
H	Meal Preparation: B L D SN	3	**WeightBearing: Full/Partial**
I	**Foot Soak**	4	Walker/Wheelchair
J	Turn & Position	5	Cane/Crutches
K	Lotion to Skin	6	Use Transfer Belt
L	Nail Care	7	Assist with Transfer
M	Hearing Aide: L R	8	Distance
N	Non Sterile Drg Chg	9	Frequency
O	Glasses/Contacts	=	**Braces**
P	**Make Bed/Change Linen**	!	TEDS/Ace Wraps
Q	Kitchen/Dishes	+	Apply Limb Prosthesis
R	Laundry	<	PROM: U L
S	Bathroom(s)	>	AROM: U L
T	Empty Garbage		
U	Vacuum		

COMMENTS:(Changes in client condition must be documented and RN Supervisor notified.)_____

_____

Client Signature:	Date:	Home Health Aide Signature:	Date:

Note: All timesheets must be received every Monday by 12N following the week worked. Blank timesheet can be found at our website **www.careforyouhha.com**

Office use Only: Please initials & date

ADMIN	HHA SUP	RN SUP

If ever in doubt about the completion of time sheet please contact your assigned supervisor.

*Legal:**DOVICO Software Inc** authorizes Care for You HHA LLC to correlate time recording and reporting under no contractual terms.*

ADDITIONAL COMMENTS:(Please list any information or services completed that was not listed above in service chart.)

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