

Homemaker Chart / Timesheet



Client Name: _____

Physician Orders (e.g. 2hrs, 3x/wk): _____

Dates of Service	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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Activities

Wash Dishes							
Clean Counters/Sinks							
Clean Stove/Oven							
Clean Refrigerator							
Empty Garbage							
Clean Bathroom							
Clean Toilets/Sinks							
Make Bed							
Change Bed Linen							
Vacuum							
Dust							
Laundry							
Mop Floors							
Meal Preparation							
Socialization							
Errands							
Transportation							
Grocery Shopping							
Other							

Visit One

Time In	AM	AM	AM	AM	AM	AM	AM	AM
(Circle AM / PM)	PM	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM	AM
(Circle AM / PM)	PM	PM	PM	PM	PM	PM	PM	PM

Visit Two

Time In	AM	AM	AM	AM	AM	AM	AM	AM
(Circle AM / PM)	PM	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM	AM
(Circle AM / PM)	PM	PM	PM	PM	PM	PM	PM	PM

Daily Total (Minutes)

Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes
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Weekly Total (Minutes)

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Recipient Name (First, MI, Last)	Recipient / Responsible Party Signature	Date
Homemaker Name (First, MI, Last)	Homemaker Signature	Date

Fax: (763) 355-5459

Official Use Only	Verified By	Total Hours
	Date	Confirmed

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Other							

Visit One

Time In	AM	AM	AM	AM	AM	AM	AM	AM
(Circle AM / PM)	PM	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM	AM
(Circle AM / PM)	PM	PM	PM	PM	PM	PM	PM	PM

Visit Two

Time In	AM	AM	AM	AM	AM	AM	AM	AM
(Circle AM / PM)	PM	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM	AM
(Circle AM / PM)	PM	PM	PM	PM	PM	PM	PM	PM

Daily Total (Minutes)

Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes
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