

ALLIANCE HOME HEALTH CARE & NURSING SERVICES

Home Health Aide Charting and Timesheet

CLIENT NAME: _____ EMPLOYEE NAME: _____

Employee must write in the date MM/DD/YY for each day and circle A.M. or P.M. for time in and out for each shift worked.

DATE:	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
DAY	<u>Saturday</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	TOTAL/ WEEK
Time In:	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	
Time Out:	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	
HOURS/MIN WORKED/DAY								

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES: Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the Care Plan.

EMPLOYEE SIGNATURE:	DATE:
CLIENT SIGNATURE:	DATE:

PHYSICIAN ORDERS (e.g. 2hrs, 3x/wk.): _____

INITIAL ALL SERVICES PROVIDED UNDER EACH DAY	Sat	Sun	Mon	Tue	Wed	Thurs.	Fri
PERSONAL CARE:							
BATH – BED/ PARTIAL/SHOWER/TUB							
ORAL HYGIENE (BRUSH TEETH/CLEAN DENTURES)							
SHAMPOO							
SHAVE							
SKIN CARE							
LOTION/MASSAGE							
CHANGE POSITION/ TURN							
ASSIST WITH DRESSING							
ASSIST WITH MEDICATIONS							
TRANSFER – TRANSFER BELT/HOYER LIFT							
ASSIST WITH AMBULATION: CANE/WALKER/ W/C							
RANGE OF MOTION EXERCISES (ACTIVE) (PASSIVE)							
DRESSING CHANGES							
TPR/BP							
CATHETER CARE/EMPTY BAG/ PERI CARE							
BOWEL PROGRAM: YES NO							
BOWEL MOVEMENT: YES NO							
INCONTINENCE/ CHANGE DIAPERS/PERI-CARE							
HOMEMAKING:							
LINEN CHANGE							
LIGHT HOUSEKEEPING							
LAUNDRY/GROCERY SHOPPING							
MEAL PREPARATION							
OTHER: _____							
OTHER:							
SOCIAL/ RECREATION							
SHOPPING							
ERRANDS							
TRANSPORTATION							

DATE/ TIME	HHA CARE NOTES
SATURDAY	
SUNDAY	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

EMPLOYEE SIGNATURE: _____