|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | DATE | Time In | Time Out | Time In | Time Out | Time In | Time Out | Total Hours |
| Mon |  |  |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |
| Thurs |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |
| Sun |  |  |  |  |  |  |  |  |

**WEEKLY TOTALLED HOURS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Supportive Home Cares** | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| Bed bath/sponge bath/tub bath/shower |  |  |  |  |  |  |  |
| Dress/Undress |  |  |  |  |  |  |  |
| Grooming |  |  |  |  |  |  |  |
| Hair Care |  |  |  |  |  |  |  |
| Fingernail Care |  |  |  |  |  |  |  |
| Oral Care |  |  |  |  |  |  |  |
| Skin Care |  |  |  |  |  |  |  |
| Shaving |  |  |  |  |  |  |  |
| Support Hose, apply |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |
| Clean glasses/Hearing aids |  |  |  |  |  |  |  |
| Cleaning DME |  |  |  |  |  |  |  |
| Ambulation Assistance |  |  |  |  |  |  |  |
| Medication Reminders |  |  |  |  |  |  |  |
| Simple Transfer |  |  |  |  |  |  |  |
| Housekeeping/Cleaning |  |  |  |  |  |  |  |
| Meal Prep |  |  |  |  |  |  |  |
| Medical appointment, accompany to |  |  |  |  |  |  |  |
| Laundry (as needed) |  |  |  |  |  |  |  |
| Errands |  |  |  |  |  |  |  |
| Errands w/money management |  |  |  |  |  |  |  |
| Companionship |  |  |  |  |  |  |  |
| Respite |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |

Were there any changes in the client’s physical/emotional condition? Yes / No If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_