

HELPING HANDS IN HOME CARE TIMESHEET

CAREGIVER: _____

Week ending Date (Saturday): _____

Month: _____

Day: _____

Year: _____

CLIENT: _____

DAY	IF DDD, # CLIENTS:		ANC	AFC	PC	HMK	RSP	HAH	DTA	TRA	TOTAL HRS	ASSISTANCE WITH:														CLEANING					COMPANIONSHIP	HABILITATION										
	TIME IN	TIME OUT	# OF HOURS FOR EACH SERVICE									BATH / SHOWER	SHAMPOO	HAIR CARE	ORAL CARE	SHAVING	DRESSING	TOILETING	INCONTINENCE	TRANSFERS	POSITIONING	WALKING	EXERCISES	MEAL PREP	MEAL SETUP	EATING / DRINKING	NAIL CARE	SKIN CARE	MEDICATION	SHOPPING			ERRANDS	BATHROOM	BEDROOM	KITCHEN	LIVING ROOM	DINING ROOM	GARBAGE	CHANGE BED	LAUNDRY	
S U N																																										
M O N																																										
T U E																																										
W E D																																										
T H U R																																										
F R I																																										
S A T																																										
TOTALS																																										

I ACKNOWLEDGE (CLIENT & CAREGIVER) 1) ALL TIME / DATE CHANGES MUST BE APPROVED BY THE OFFICE & SOMETIMES THE CASE MANAGER BEFORE THE SHIFT & A NOTE AS TO WHY, MUST BE ON THE REVERSE 2) ANY TIMES / DATES THAT ARE INACCURATE, ADDED AFTER THE PAGE IS SIGNED, OR TASKS MARKED OFF BUT NOT DONE ARE CONSIDERED MEDICAID FRAUD AND CAUSE FOR IMMEDIATE TERMINATION & FELONY CRIMINAL CHARGES. THIS ALSO MAKES YOU INELIGIBLE TO RECEIVE ANY BENEFITS IN ARIZONA. 3) I FURTHER UNDERSTAND THAT HELPING HANDS WILL NOT PAY FOR ANY TIME SPENT IN PROVIDING SERVICES THAT ARE NOT AUTHORIZED IN ADVANCE.

CAREGIVER: _____

DATE: _____

CLIENT: _____

DATE: _____

WHEN ARIZONA IS PAYING FOR CARE (UHC Community Plan or DDD),
WE ARE **PROHIBITED** FROM TAKING CARE OF **PETS, PLANTS, OTHER PEOPLE, OR DO ANYTHING ELSE THAT IS NOT ON THE CAREPLAN**

DATE	OTHER CARE
DATE	REASON FOR CHANGE OF DATE and/or TIME (15 MINUTES OR GREATER)
DATE	CHANGE OF CONDITION / SKIN INTEGRITY ISSUES, WHO YOU NOTIFIED & WHAT YOU DID ABOUT THE PROBLEM
DATE	IS THERE ANYTHING THAT THE CLIENT DID <u>NOT</u> WANT YOU TO DO THIS WEEK?

Reviewed by: _____

SIGNATURE: _____

DATE: _____