

PCA HOME CARE LLC
 HOMEMAKER + COMPANION TIMESHEET
 Tel: (860) 977-5886 | Fax: 1-(888) 232-8802

Client's signature or name
 Employee's signature or name
 Firma o nombre del Cliente
 Firma o nombre del Empleado

CLIENT NAME: _____

WEEK ENDING: ____/____/____
 ALWAYS SATURDAY

EMPLOYEE NAME: _____

TOTAL WEEK HOURS

TOTAL HOMEMAKER HOURS

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
|-----|-----|-----|-----|-----|-----|-----|

| Date | | | | | | | |
|-------|--|--|--|--|--|--|--|
| In | | | | | | | |
| Out | | | | | | | |
| Hours | | | | | | | |

HOMEMAKER DUTIES:

| | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|
| Vacuuming | | | | | | | |
| Dusting | | | | | | | |
| Wet Mop Floors | | | | | | | |
| Care of Bathroom | | | | | | | |
| Making beds / changing linens | | | | | | | |
| Clean Kitchen | | | | | | | |
| Wash dishes | | | | | | | |
| Clean refrigerator | | | | | | | |
| Laundry | | | | | | | |
| Marketing | | | | | | | |
| Meal Planning & Preparation | | | | | | | |
| Money management | | | | | | | |
| Other | | | | | | | |

TOTAL COMPANION HOURS

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
|-----|-----|-----|-----|-----|-----|-----|

| Date | | | | | | | |
|-------|--|--|--|--|--|--|--|
| In | | | | | | | |
| Out | | | | | | | |
| Hours | | | | | | | |

COMPANION DUTIES:

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Supervision / monitor of activities of daily living | | | | | | | |
| Reminder for self-administered medication | | | | | | | |
| Escort to recreational activity | | | | | | | |
| Accompany to appt. (medical/business) | | | | | | | |
| Assist with phone calls/communications | | | | | | | |
| Accompany on walk | | | | | | | |
| Conversation | | | | | | | |
| Read | | | | | | | |
| Other | | | | | | | |

Employee Signature

Supervisor Signature

Date Received

DAILY CLIENT SIGNATURE

X X X X X X X

Client's Signature