

Access Home Care
 2555 South Dixie Dr Suite 100
 Kettering, Ohio 45409
 937-224-9991

Time Sheets Due Tuesday by Noon

(only timesheets received on time will be process for payroll) **ORIGINAL TIMESHEET REQUIRED TO RELEASE CHECKS**

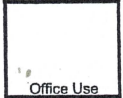
Your signature indicates your approval of the hours that have been documented. If you have any questions or concerns, please contact the office as soon as possible.

If client refuses, mark **R** for Refused. Client Signature/Parent/Guardian Signatures above verify the hours worked by the provider are accurate.

Note: All Aides are required to report ALL incidents, patient falls. ER visits, hospitalizations, missed visits, client change of residence right away by calling the office.

Employees Name: _____

Patient's Name: _____



Day	Date	Time-In				Time-Out				Client Signature	Employee Signature
		1	2	3	4	1	2	3	4		
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											

Total Hours: _____

Client's Signature: _____ Date: _____

Supervisors Signature: _____

Employee's Signature : _____ Date: _____

HOME HEALTH CARE ACTIVITY REPORT

Services	S	M	T	W	TH	F	S	Services	S	M	T	W	TH	F	S
Bed-Tub/Shower								Ambulation Assist							
Bed-Bath/Partial/Complete								Mobility Assist							
Assist Bath-Chair								ROM-Active/Passive							
								Positioning							
Hygiene/Grooming								Exercise-per care plan							
Personal Care															
Assist with Dressing								Nutrition							
Hair Care-Brush/Shampoo/Other								Meal Preparation							
Skin Care/Foot Care (hygiene)								Setup							
Check Pressure Area								Assist With Feeding							
Shave/Groom/Deodorant								Limit/Encourage Fluids							
Nail-Clean/File /Report								Grocery Shopping							
Elimination Assist								Laundry							
Oral Care-Brush/Swab/Dentures								Other: _____							
ASSIST								Light Housekeeping							
Medication Reminder								This includes:	Bedroom, Bathroom, Kitchen, Change Bed Linens						
Record Output/Input															

Comments: _____

