



LUVING HANDS

Home Health Care Agency

GPS OUT OF RANGE FORM

DATE: _____

CAREGIVER NAME: _____

CLIENT NAME: _____

DATE OF SERVICE (Calendar Date)	DAY (Day of the week)	START TIME	END TIME	GPS OUT OF RANGE EXPLANATION

CLIENT SIGNATURE: _____
(By signing above, you hereby agree and acknowledge receipt of rendered services)

HHA SIGNATURE (Caregiver): _____
(By signing above, I attest that my statement is true, and my hours of work are properly documented)

"The Agency you will grow to LUV. We provide the service you deserve!"

Revised 1/14/2026