

Caregiver Timesheet/Caregiver Service Record Form

Meredith's Care Partners  
Phone/Fax: (773) 941-8665  
11130 S. Western Ave. Chicago, IL. 60643



Name of client: \_\_\_\_\_  
(Print)

Name of caregiver: \_\_\_\_\_  
(Print)

PLACE A CHECK MARK IN THE BOX FOR COMPLETED TASK. PLACE "R" IN BOX FOR A REFUSAL

Submit this signed time sheet to the agency no later than *Monday for the previous week*

DAY	DATE OF SERVICE	TIME IN	TIME OUT	REQUIRED CLIENT SIGNATURE OR REPRESENTATIVE	EATING	BATHING	GROOMING	DRESSING	TRANSFERS	INCONTINENCE	MONEY MGMT	TELEPHONE	MEAL PREP	LAUNDRY	HOUSEWORK	SHOPPING/ OUTSIDE HOME	ROUTINE HEALTH	SPECIAL HEALTH	SUPERVISION/ BEING ALONE	OTHER
SUN																				
MON																				
TUE																				
WED																				
THU																				
FRI																				
SAT																				

Specify Other: \_\_\_\_\_

\_\_\_\_\_  
Client/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

Immediately report any serious issues or client needs that you have identified to the Agency Manager (medical concerns, environmental problems in the home, or possible abuse or neglect). Immediately report any suspected abuse, neglect or exploitation to Adult Protective Services at 1-866-800-1409.

By signing above, the caregiver and the client or the client's authorized representative certify that the services documented on this form were provided on the specified dates and times, in accordance with the client/participant's authorized Plan of Service.