



**Weekly time sheets are  
due to the office every  
Monday by 12pm  
Fax: 734.929.9202**

Client Name:

Caregiver Name:

Caregiver Signature:

Notes for Office:

Day Of The Week:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Date:							
Time In							
Time Out							
<b>HYGIENE/GROOMING</b>							
Bathing (tub/shower/bed/sponge)							
Shampoo Hair/Brush Hair							
Skin Care (lotion)							
Assist with Clothing/Dressing							
Oral Care (brush teeth/dentures)							
Foot Care/Soak							
Peri Care							
<b>FOOD/FLUID/MEDICATION</b>							
Prepare Meal/Snack							
Encourage/Restrict Fluids							
Medication Reminder							
<b>ACTIVITY/EXERCISE</b>							
Assist with Walking/Exercise							
<b>HOUSEHOLD/TRANSPORTATION</b>							
Clean living areas/pathways clear							
Clean floors (sweep/mop/vacuum)							
Clean Kitchen (empty garbage)							
Clean Bedroom (laundry/bed making)							
Clean Bathroom							
Errands/Shopping							

Mileage	# of miles / Location
Mon.	
Tue	
Wed	
Thu	
Fri	
Sat	
Sun	