All Sufficient Home Care Services Inc.
Caring Culture… Excellent Care
3080 Ogden Ave Suite # 307 Lisle IL, 60532
Tel: 708-613-5393; Fax: 815-552-9081

HOME SERVICES TIME SHEET

FAX TO: **815-552-9081**
EMAIL: **timesheet@allsufficienthomecare.com**

Client Name: _____ Employee Name: _____

Client Signature: _____ Employee Signature: _____

For the week of Sunday _____ thru Saturday _____
MM DD YYYY MM DD YYYY

DAY	DATE	START TIME	FINISHTIME	TOTALTIME/DAYS	CLIENT SIGNATURE
MONDAY		AM PM	AM PM		
TUESDAY		AM PM	AM PM		
WEDNESDAY		AM PM	AM PM		
THURSDAY		AM PM	AM PM		
FRIDAY		AM PM	AM PM		
SATURDAY		AM PM	AM PM		
SUNDAY		AM PM	AM PM		
	TOTAL	HOURS			

DAILY DUTIES PERFORMED

use appropriate code: **P**=Performed **R**=Refused

PERSONAL CARE	M	T	W	T	F	S	S	ELIMINATION	M	T	W	T	F	S	S
Assist w/ Bath Bed/Tub/Shower/Sponge								BM Hard/ Loose/ Constipated/Normal							
Hair care/Shampoo								Incontinent							
Shave								Urine Void (Number of times)							
Skin Care								Bedside commode							
Nail Care (file only)								**MOBILITY**							
Foot Care								Transfer Chair/ commode							
Oral Care								Assist w/ Ambulation							
Assist w/ dressing								Turn & Position							
NUTRITION								Encourage Exercise							
Meal Prep (Breakfast/Lunch/Dinner								Assist to shift position in bed w/ wheelchair							
Assistw/feeding								**OBSERVATION**							
Encourage Fluids								Medication Reminder							
Special Diet								Taken Scheduled Medication (AM/NOON/PM)							
HOUSEKEEPING								Errands							
Make bed/change linen								Appointment							
Tidy work area/Trash Removal								Socialization							
Laundry								Agitated/ Angry							
Vacuum/Dusting/Bathroom								Alert (oriented)/ Confused							
Kitchen Clean up/ Dishes								Communicate readily							
Others								Appetite Indicate: *G=Good F=Fair*							

Client sends caregiver home early Time: _____ Date: _____ Initial _____