

Joy Home Care
 180 Interstate North Pkwy
 Suite 290
 Atlanta, GA 30339
 Phone # (770) 396-0996
 Fax # (678) 270-3618



CAREGIVER TASKFORM

Client Name (print) _____
 Client Address _____
 Caregiver Name _____

TIME SHEET

Day	Date	Time In	Circle One	Time Out	Circle One	Total Time	Clients Initials
MON			AM		AM		
			PM		PM		
TUES			AM		AM		
			PM		PM		
WED			AM		AM		
			PM		PM		
THUR			AM		AM		
			PM		PM		
FRI			AM		AM		
			PM		PM		
SAT			AM		AM		
			PM		PM		
SUN			AM		AM		
			PM		PM		
Total							

I certify that the hours shown above are true and correct.

Caregiver Signature _____ Date _____

Client Signature _____ Date _____

Caregiver:

Time sheets are due at the Joy Home Care corporate office no later than 2:00 P.M, on Monday following the previous week's work (ending on Sunday). No more than 40 hours in a 7-day period will be paid and/or authorized without prior written permission from Joy Home Care.

Time Sheet must be signed and dated by caregiver and client(s)

Client:

Client agrees not to entrust caregiver with the handling of cash, jewelry or anything of value without first obtaining written permission from Joy Home Care. Furthermore, clients shall not authorize a caregiver to operate anu vehicle without obtaining written authorization from Joy Home Care.

Client agrees not to directly or indirectly employ Joy Home Care caregiver for a period of 12 months following the completion of services rendered to the client

Comments:

		M	T	W	Th	F	Sat	Sun
Personal Care Service	Bath(F-Full,P-Partial,B-Bed)							
	Ambulation/Transfer							
	Hair Care							
	Oral Care							
	Skin Care/Shaving/Nails							
	Dressing							
	Toileting							
	BM Bowel Movement							
	V Void (# of times)							
	Observed Skin (comment)							
Nutritional Support	Prepare Meals							
	Assist with Feeding							
	Fluid/Food Intake							
	Tube Feeding							
	Other							
Other	Escort/Errands:							
	Monitor for Safety							
	Medication Reminder							
Homemaker Tasks	Vacuum /Sweep							
	Dust							
	Empty Trash							
	Mop							
	Clean Living Area							
	Clean Kitchen							
	Clean Bathroom							
	Laundry							
	Change Linens							
Goals	1.							
	2.							

Supervisor Signature/Date: _____