



961 GRAND AVENUE
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HOMEMAKING TIMESHEET (BI-WEEKLY)

CLIENT NAME: Mouse, Mickey

EMPLOYEE NAME: Donald Duck

PERIOD COVERED: 5/31/2010 TO 6/13/2010

Please write your initials next to all the activities you provided on a daily basis.

PROCEDURES / DAYS	MON	TUES	WED	TH	FRI	SAT	SUN	MON	TUES	WED	TH	FRI	SAT	SUN
Review Care Plan Daily		DD		DD					DD		DD			
DAILY														
Prepare and serve food		DD		DD					DD		DD			
Wash and put away dishes after meal		DD		DD					DD		DD			
Wipe off counter tops after each meal				DD							DD			
Clean kitchen sink after each meal				DD							DD			
Clean stove and microwave				DD							DD			
Sweep kitchen and bathroom floors/shake rugs				DD							DD			
Empty garbage baskets		DD		DD					DD		DD			
Clean toilet and sink (inside & outside)														
Clean commode/urinal extenders														
Make beds		DD							DD					
Straighten bedrooms									DD					
Straighten living areas		DD		DD										
Vacuum each room and edges along wall		DD							DD					
Dust each room														
Laundry (inc. bed linens)		DD							DD					
WEEKLY														
Clean refrigerator (throw out bad food)				DD							DD			
Clean telephone / sanitize														
Take garbage and recycling outside				DD							DD			
Change bed linens		DD							DD					
Clean mirrors														
Grocery shopping														

CHECK HERE IF YOU HAVE ADDITIONAL CLIENT OBSERVATIONS / CONCERNS. PLEASE DOCUMENT THESE ON BACK OF THE WHITE CHARTING SHEET AND NOTIFY YOUR SUPERVISOR OF ANY UNSUAL BEHAVIORS / OBSERVATIONS / CONCERNS IMMEDIATELY:

DAY	DATE	TIME WORKED		DAILY TOTAL TIME IN HOURS & MINUTES (HH:MM)
		IN	OUT	
MONDAY	5/31/2010	AM	AM	
		PM	PM	
TUESDAY	6/1/2010	10:00 AM	12:00 PM	2
		AM	AM	
		PM	PM	
WEDNESDAY	6/2/2010	AM	AM	
		PM	PM	
THURSDAY	6/3/2010	2:00 AM	4:00 PM	2
		AM	AM	
		PM	PM	
FRIDAY	6/4/2010	AM	AM	
		PM	PM	
SATURDAY	6/5/2010	AM	AM	
		PM	PM	
SUNDAY	6/6/2010	AM	AM	
		PM	PM	
MONDAY	6/7/2010	AM	AM	
		PM	PM	
TUESDAY	6/8/2010	2:00 AM	4:00 PM	2
		AM	AM	
		PM	PM	
WEDNESDAY	6/9/2010	AM	AM	
		PM	PM	
THURSDAY	6/10/2010	2:00 AM	4:00 PM	2
		AM	AM	
		PM	PM	
FRIDAY	6/11/2010	AM	AM	
		PM	PM	
SATURDAY	6/12/2010	AM	AM	
		PM	PM	
SUNDAY	6/13/2010	AM	AM	
		PM	PM	
TOTAL HOURS & MINUTES				8

Acknowledgement and Required Signatures:

After the employee has completed the 2-week pay period, the client/recipient should **draw a line** through the dates and times he/she did not receive assistance. Both client (or his/her responsible party) and employee must sign this timesheet in order for this timesheet to be valid.

IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON HOMEMAKING BILLINGS FOR MEDICAL ASSISTANCE PAYMENT.

RECIPIENT / CLIENT NAME <u>Mouse, Mickey</u>	DOB OR MA# <u>10/05/1971</u>
RECIPIENT / RESPONSIBLE PARTY SIGNATURE <u>Mouse Mickey</u>	DATE <u>6/13/2010</u>
EMPLOYEE NAME <u>Donald Duck</u>	
EMPLOYEE SIGNATURE <u>Donald Duck</u>	DATE <u>6/13/2010</u>