Consumer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week of : 07/16/2017 to 07/22/2017 Total Hours Worked:\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DAYS** | **SUNDAY** | **MONDAY** | **TUESDAY** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **DATE** |  |  |  |  |  |  |  |
| **TIME IN** |  |  |  |  |  |  |  |
| **TIME OUT** |  |  |  |  |  |  |  |
| **CLIENT/GUARDIAN****INTIAL** |  |  |  |  |  |  |  |
| **NUTRITION** |  |  |  |  |  |  |  |
| Prepare Meals |  |  |  |  |  |  |  |
| Serve Meal |  |  |  |  |  |  |  |
| Offer Fluids |  |  |  |  |  |  |  |
| Assist w/eating |  |  |  |  |  |  |  |
| **DRESSING** |  |  |  |  |  |  |  |
| Self |  |  |  |  |  |  |  |
| Assist |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
| **PERSONAL CARE** |  |  |  |  |  |  |  |
| Tub/Bath/Shower |  |  |  |  |  |  |  |
| Partial/Complete Bed Bath |  |  |  |  |  |  |  |
| Oral Hygiene |  |  |  |  |  |  |  |
| Shampoo |  |  |  |  |  |  |  |
| Skin Care/Grooming |  |  |  |  |  |  |  |
| Shaving |  |  |  |  |  |  |  |
| **TOILETING** |  |  |  |  |  |  |  |
| Toliet |  |  |  |  |  |  |  |
| Bedside Commode |  |  |  |  |  |  |  |
| Bedpan/Urinal |  |  |  |  |  |  |  |
| Empty/Cath Drainage Bag |  |  |  |  |  |  |  |
| **AMBULATION** |  |  |  |  |  |  |  |
| Ambulation |  |  |  |  |  |  |  |
| Device |  |  |  |  |  |  |  |
| Assist |  |  |  |  |  |  |  |
| Walker |  |  |  |  |  |  |  |
| OTHER |  |  |  |  |  |  |  |
| **MED Reminder** |  |  |  |  |  |  |  |
| Medication Assist |  |  |  |  |  |  |  |
| Pass Medication |  |  |  |  |  |  |  |

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week of: 07/16/2017 to 07/22 /2017

|  |  |  |
| --- | --- | --- |
| DATE | TIME |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
| Choices the client made this week |
| Outings the client went on this week |

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Guardian: I certify that the employee listed on this time slip worked the times indicated and the work was performed in a satisfactory manner. I agree to the time recorded on this time slip.

Client/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_