



CALIFORNIA MEDICAL CAREGIVER SERVICES

6507 Winnetka Avenue, Winnetka, CA 91306 ■ Tel.No. 818-888-0700 ■ Fax No. 818-888-1900

TIME SHEET (V.A.)

Client's Name _____ Week Beginning _____

Worker's Name _____ Title _____

DATE	Sun		Mon		Tue		Wed		Thurs		Fri		Sat	
DAY	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time In														
Time Out														

Please check any assistance with Activities of Daily Living you give to client ONLY

Personal Care

Shower / Bed bath														
Shampoo hair														
Shave client														
Mouth care														
Dressing Assistance														

Eating

Prepare / Serve meal														
Assist Feeding														

Toileting

Bedpan / Urinal														
Assist to bathroom/Commode														
Check / Change Diaper														
Foley Catheter														

Activity

Walks w/out assistance														
Uses cane/walker/crutches														
Walks w/assistance														
Reposition														
Assist to chair/wheelchair														
Assist w/Ted Hose														
Remind medications														

Other Activities

Errands:Where?														
Escort to appointments:Where?														
Make beds														
Change Linens														
Clean kitchen/bathroom														
Laundry														
Light housekeeping														
Maintain clean/safe environment														
Clear pathways														

Vital Signs

Temp/Pulse/Respiration														
Blood Pressure														
Weight														

Total No. of Hours														
Client's Signature*														

NOTES: _____ (additional notes can be written at the back)

Worker's/Caregiver's Signature*: _____ Date: _____

***By signing this Weekly Care Plan (Timesheet), Client and/or responsible party confirms weekly payment for nursing services to CALMED, and/or further re-affirm CALMED-Client Service Agreement; Client and/or family members agree(s) not to hire or encourage hiring CALMED Caregivers privately (directly). ***Caregiver, by signing agrees never to convey or accept direct hiring by client or by any family members. ***Note: For hourly services, minimum hours per visit is 4 hours, that is, services whether utilized less than 4 hours shall be assessed (billed) a total of 4 hours. (SUBMISSION: By 12 noon MONDAY of EACH WEEK!!!)