

This is a Medical Record, and must be kept for 7 years. It MUST be CLEAN and neat to be processed. You MUST completely and accurately fill in ALL blanks that apply to you, and it MUST be initialed EVERY DAY you work at the end of your shift, AND be signed by both you and your client at the end of the last shift for the week or you WILL NOT be paid! Everything MUST also be filled out DAILY by the caregiver to be processed for payment.

DO NOT Pre-Chart!!

Client's Name: (PRINT LEGIBLY)

DO NOT Pre-Chart!! Black Ink Only!

Follow your client's calendar EXACTLY for hours to work.				Mon	Tues	Wed	Thur	Fri	Sat	Sun
IMPORTANT You MUST write		* (mm/dd/yy)Date:							
		_	Time In:							
notes on reverse			Time Out:							
concerning <u>ANY</u> <u>missed TIME or</u> <u>DAYS!MUST</u>			Break:							
	CI.		Total Daily Hrs:							
			nitials (DAILY!)							
NO V	WHITE ()UT!!	!! CROSS OUT MISTAK	ES WITH ONE L	INE, INITIAL AN	D HAVE CLIENT	initial Tot	al Hours for	the Week	
Do not	record vitals if you take them. False		Vitals: BP Temp							
did not			Pulse							
	an put your c	lient's	Resp							
fraudul			Weight							
	(if ordered) CBG									
 	TASK #	REMINDER - Follow TASK		our client's CAl MON	RE PLAN EXAC	TLY when perfo WED	orming and docu THU	menting your tas	sks completed. SAT	SUN
n th	19	Mob		MON	TOE	WED	THE	TKI	SAI	3011
<u>ma</u>	20	Eatin	· ·							
#27 igne		Bath	•							
assi	22	Dres	•							
through # ed if assignare	23	Toile								
9 th	24	Continence								
Tasks #19 through #27 may not be eliminated if assigned on the	25	Personal Hygiene								
ask e eli	26		ical Monitoring							
T q	27	Meal Prep								
	sks #28 - #30 may be omitted if allowed time does not permit completion. Your time for the day must be shortened by this amount of time.									
28	Home M	lgt Bat	hroom							
29	Home M	lgt Bed	lroom/Living Rm							
30 Home		Mgt General								
Deviations Please write task number from the care plan.										
Note If your total time for the day is different from the time assigned on the care plan please record the difference.										
*Note to employee: • ALL time sheets & weekly visit records MUST be turned into the office by 9am EVERY MONDAY. EVEN HOLIDAYS! • ALWAYS turn in your time slips the week they are due and double check everything for accuracy before turning it in to avoid a penalty (n									alty (nay rate	

- ALWAYS turn in your time slips the week they are due and double check everything for accuracy before turning it in to avoid a penalty (pay rate reduction) and to ensure you get paid properly and timely. Late Time Slip = Late Paycheck!
- You MUST write notes on reverse concerning ANY missed TIME or DAYS in order for time slip to be paid. -MUST--
- You may fax but the original must be turned in to the office in order for you to be paid and must remain in the office records.
- You MUST completely and accurately fill in ALL blanks that apply to you in order to be paid.
- Your visit record MUST be initialed EVERY DAY you work by your client AND be signed by both you and your client or you WILL NOT be paid.
- Please separate your time slips for each month. DO NOT combine two different months on one time slip, but do turn them in together.
- DO NOT Pre-Chart!! If you make a mistake in your documenting, cross out error with ONE line and both you and your client MUST initial.

EMPLOYEE: I certify that I worked the hours shown above and completed the documented tasks, and that the client signature below is that of an authorized person.							
PRINT NAME:, (CNA / LPN / RN / PCA)SIGNATURE: X							
CLIENT: I certify that I received the documented services during the times shown from the above named individual, and I am <u>fully satisfied</u> with these services.							
CLIENT/RESPONSIBLE PARTY SIGNATURE: \mathbf{X}							

ANGEL HANDS HOME CARE

AIDE'S NOTES

Client's Name:									
Please make sure to document why if you missed ANY time or an entire DAY of service no matter what the reason or if you already told someone in the office. Document in detail why you missed and/or why hours were changed (if this was approved). Failure to do this will result in you NOT getting paid until you come into the office and correct. Documentation is a key part of the job.									
It is also equally as important to document any changes in your client's condition. Make sure, you also call the office immediately and report all condition changes to the nurse. 336.375.8288.									
Date	Notes								
	/								
Employee	e's Signature Date								