

Private Pay

	A	B	C	D	E	F	G	H	I	
1	First Priority Home Care, LLC	Week of:								
2	PO Box 23781	Client Name:				Aide Name:				
3	Columbia, SC 29224	Responsible Party (RP):				Aide Signature:				
4	803-661-8805	Client/ RP Signature								
5		DAY	SUN	MON	TUE	WED	THUR	FRI	SAT	
6	DUE EVERY MONDAY BY 12:00 PM	DATE								
7		TIME IN								
8		TIME OUT								
9		TOTAL HOURS:								
10		CLIENT / RP INITIALS:								
11	FAX# 803-832-1643	PCA INITIALS:								
12	fphtimesheets@gmail.com	BATHING:								
13	(Use Black Ink Only)	TOTAL BED BATH								
14	PCA NOTES:	ASSIST BED BATH								
15		ASSIST SHOWER								
16		ASSIST TUB								
17		PERSONAL CARE								
18		SHAMPOO/HAIRCARE								
19		MOUTH CARE								
20		SKIN CARE								
21		ASSIT W/DRESSING								
22		SHAVE								
23		NAIL CARE								
24		PERICARE								
25		MOBILITY								
26		ASSIST W/AMBULATION								
27		ASSIST TO BED								
28		ASSIST W/TURNING								
29		NUTRITION								
30		DIET: REGULAR								
31		LOW NA								
32		DIABETIC								
33		OTHER								
34		PREPARE MEAL								
35		SERVE MEAL								
36	OFFICE USE ONLY	ASSIST W/FEEDING								
37	REVIEWED BY:	ENCOURAGE FLUIDS								
38	DATE:	OTHER								
39		TOILET/ELIMINATION								
40		URINAL/BEDPAN/TOILET								
41		EMPTY CATHETER BAG								
42		INCONTINENT CARE								
43		LAST BOWEL MOVEMENT								
44		DATE:								
45		OTHER								
46		HOUSECLEANING								
47	TOTAL Private Pay HOURS	LAUNDRY								
48		CLEAN BEDROOM								
49		CLEAN BATHROOM								
50		CHANGE/MAKE BED								
51		CLEAN KITCHEN								
52		WASH DISHES								
53		VACUUM/SWEEP								
54		GROCERY SHOPPING								
55			CLIENT/AIDE INITIAL							
56	FAX # (803) 832-1643	fphtimesheets@gmail.com								
57										
58	CLOCK ERRORS	OFFICE USE ONLY - DO NOT WRITE BELOW (ADMIN)								
59	Hours will be calculated according to									
60	CareCall ledger (if applicable).									
61	Remember to clock in and out correctly!									
62		Nurse Supervisor Signature: _____						Date: _____		