



HELPING HANDS OF FLAGLER COUNTY, LLC.

License #299994524
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LTC SERVICE FOR THIS WEEK: Homemaker Service Note (Separate timesheet per service / per week Friday to Thursday)

Service Recipient Name: _____ Caregiver Name: _____

<u>ADD COMMENTS NEXT TO SERVICE PERFORMED</u>	FRI	SAT	SUN	MON	TUES	WED	THURS
DATE:							
TIME IN:							
TIME OUT:							
TOTAL HOURS ON EACH DAY:							
CLEAN BEDROOM – Comment weekly summary report:							
Change Bed Linens							
Pick-Up / Organize Recipient Belongings							
CLEAN KITCHEN – Comment weekly summary report:							
Wash / Dry Dishes							
Clean Stovetop							
Refrigerator – wipe or discard expired							
Clean Counter Tops							
Sweep, Light Mop, or Vacuum Floor							
CLEAN BATHROOM – Comment weekly summary report:							
Clean Tub or Shower							
Clean Sink and Counter Top							
Clean / Disinfect Toilet							
Clean Floor – Sweep, Vacuum, or Mop?							
LAUNDRY (Wash/Dry/Fold)							
EMPTY TRASH							
ACTIVITIES / OUTINGS – Comment weekly summary report if any homemaker errands had to be done for recipient: (NOT in Caregiver or Recipient's personal vehicle)							
Errands							
Shopping							
FOOD / NUTRITION – Comment weekly summary report:							
Food Shopping							
Meal Preparation (comment how prepared / what was prepared)							
What % Was Eaten	%	%	%	%	%	%	%
OVERALL HOMEMAKER SERVICE – Comment weekly summary report:							

HEALTH-SAFETY-WELLBEING CAREGIVER COMMENTS:
Physical Health this week:
Emotional Health this week:
Behavior this week:
Safety issues need addressing:
Medical Appts – Date/Physician/Outcome:

Service Recipient or Designee Signature: _____ Caregiver Signature: _____ Date: _____
Service Recipient (Patient)/Designee: I certify that the caregiver listed on this time slip worked the times indicated and the work was performed in a satisfactory manner. I agree to the times regarding this time slip.