



HELPING HANDS OF FLAGLER COUNTY, LLC.

50 Cypress Point Pkwy, Ste. B-4, Palm Coast FL 32164
 Office 386-313-1239 Cell 386-931-8001 Fax 386-206-3236
 e-mail: denisewilliams150@gmail.com

LTC SERVICE FOR THIS WEEK: Companion Service Note
(Separate timesheet per service / per week Friday to Thursday)

Service Recipient Name: _____ Caregiver Name: _____

ADD COMMENTS NEXT TO SERVICE PERFORMED	FRI	SAT	SUN	MON	TUES	WED	THURS
DATE:							
TIME IN:							
TIME OUT:							
TOTAL HOURS ON EACH DAY:							
CLEANING INCIDENTAL TO SERVICE – Comment weekly summary report:							
Sweep Floors							
Empty Trash							
Pick-Up / Organize							
Wash / Dry Dishes							
Clean Counter Top							
OVERALL SOCIALIZATION / ACTIVITIES / OUTINGS – Comment weekly summary report: (NOT in Companion or Recipient’s personal vehicle)							
Socialized – What topic today?							
Played Games – Is there a favorite?							
Read to recipient – What was it?							
Interacted – How?							
Errands							
Accompany to Medical							
Accompany to Appt							
Accompany on Social Outing							
Meal Preparation (comment how prepared / what was prepared)							
What % Was Eaten	%	%	%	%	%	%	%

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.