Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Period: **\_\_\_/\_\_\_/\_\_\_\_\_ - \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_**

Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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|  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
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| Time Out | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

**was hospitalized**

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| TASKS |  | | SATURDAY | | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
| Personal Care |  | |  | |  | |  | |  | |  | |  | |  | |
| Toileting |  | |  | |  | |  | |  | |  | |  | |  | |
| Health |  | |  | |  | |  | |  | |  | |  | |  | |
| Housekeeping |  | |  | |  | |  | |  | |  | |  | |  | |
| Transportation |  | |  | |  | |  | |  | |  | |  | |  | |
| Meals |  | |  | |  | |  | |  | |  | |  | |  | |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

**Definition of tasks**

**Personal Care:** Includes bath/shower, dressing/undressing, grooming/minor hygiene, etc.

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Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Period: **\_\_\_\_/\_\_\_/\_\_\_\_\_ - \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_**

Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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| Time Out | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

**was hospitalized**

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| TASKS |  | | SATURDAY | | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
| Personal Care |  | |  | |  | |  | |  | |  | |  | |  | |
| Toileting |  | |  | |  | |  | |  | |  | |  | |  | |
| Health |  | |  | |  | |  | |  | |  | |  | |  | |
| Housekeeping |  | |  | |  | |  | |  | |  | |  | |  | |
| Transportation |  | |  | |  | |  | |  | |  | |  | |  | |
| Meals |  | |  | |  | |  | |  | |  | |  | |  | |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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| Time Out | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

**was hospitalized**

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| TASKS |  | | SATURDAY | | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
| Personal Care |  | |  | |  | |  | |  | |  | |  | |  | |
| Toileting |  | |  | |  | |  | |  | |  | |  | |  | |
| Health |  | |  | |  | |  | |  | |  | |  | |  | |
| Housekeeping |  | |  | |  | |  | |  | |  | |  | |  | |
| Transportation |  | |  | |  | |  | |  | |  | |  | |  | |
| Meals |  | |  | |  | |  | |  | |  | |  | |  | |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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| Time Out | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

**was hospitalized**

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| TASKS |  | | SATURDAY | | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
| Personal Care |  | |  | |  | |  | |  | |  | |  | |  | |
| Toileting |  | |  | |  | |  | |  | |  | |  | |  | |
| Health |  | |  | |  | |  | |  | |  | |  | |  | |
| Housekeeping |  | |  | |  | |  | |  | |  | |  | |  | |
| Transportation |  | |  | |  | |  | |  | |  | |  | |  | |
| Meals |  | |  | |  | |  | |  | |  | |  | |  | |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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| Time Out | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

**was hospitalized**

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| TASKS |  | | SATURDAY | | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
| Personal Care |  | |  | |  | |  | |  | |  | |  | |  | |
| Toileting |  | |  | |  | |  | |  | |  | |  | |  | |
| Health |  | |  | |  | |  | |  | |  | |  | |  | |
| Housekeeping |  | |  | |  | |  | |  | |  | |  | |  | |
| Transportation |  | |  | |  | |  | |  | |  | |  | |  | |
| Meals |  | |  | |  | |  | |  | |  | |  | |  | |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Period: **\_\_\_\_/\_\_\_/\_\_\_\_ - \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_**

Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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| Time Out | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

**was hospitalized**

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| TASKS |  | | SATURDAY | | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
| Personal Care |  | |  | |  | |  | |  | |  | |  | |  | |
| Toileting |  | |  | |  | |  | |  | |  | |  | |  | |
| Health |  | |  | |  | |  | |  | |  | |  | |  | |
| Housekeeping |  | |  | |  | |  | |  | |  | |  | |  | |
| Transportation |  | |  | |  | |  | |  | |  | |  | |  | |
| Meals |  | |  | |  | |  | |  | |  | |  | |  | |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Period: **\_\_\_\_/\_\_\_/\_\_\_\_\_ - \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_**

Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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| Time Out | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

**was hospitalized**

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| TASKS |  | | SATURDAY | | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
| Personal Care |  | |  | |  | |  | |  | |  | |  | |  | |
| Toileting |  | |  | |  | |  | |  | |  | |  | |  | |
| Health |  | |  | |  | |  | |  | |  | |  | |  | |
| Housekeeping |  | |  | |  | |  | |  | |  | |  | |  | |
| Transportation |  | |  | |  | |  | |  | |  | |  | |  | |
| Meals |  | |  | |  | |  | |  | |  | |  | |  | |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

**was hospitalized**

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| TASKS |  | | SATURDAY | | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
| Personal Care |  | |  | |  | |  | |  | |  | |  | |  | |
| Toileting |  | |  | |  | |  | |  | |  | |  | |  | |
| Health |  | |  | |  | |  | |  | |  | |  | |  | |
| Housekeeping |  | |  | |  | |  | |  | |  | |  | |  | |
| Transportation |  | |  | |  | |  | |  | |  | |  | |  | |
| Meals |  | |  | |  | |  | |  | |  | |  | |  | |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Meals:** Includes meal preparation, meal consumption, and meal clean up.

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Period: **\_\_\_\_/\_\_\_/\_\_\_\_\_ - \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_**

Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATES |  |  |  |  |  |  |  |
| Time In | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| Time Out | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| Time In | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| Time Out | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| Time In | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| Time Out | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM | AM  PM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

**was hospitalized**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASKS |  | | SATURDAY | | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
| Personal Care |  | |  | |  | |  | |  | |  | |  | |  | |
| Toileting |  | |  | |  | |  | |  | |  | |  | |  | |
| Health |  | |  | |  | |  | |  | |  | |  | |  | |
| Housekeeping |  | |  | |  | |  | |  | |  | |  | |  | |
| Transportation |  | |  | |  | |  | |  | |  | |  | |  | |
| Meals |  | |  | |  | |  | |  | |  | |  | |  | |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

**Definition of tasks**

**Personal Care:** Includes bath/shower, dressing/undressing, grooming/minor hygiene, etc.

**Toileting:** Includes bowel/bladder routine, catheter care, assistance to and from bathroom, assistance with cleanup, etc.

**Health:** Includes equipment maintenance, medications, turning in bed, ROM, treatments, etc.

**Housekeeping:** Includes dusting, laundry, mopping, vacuuming, general household work, cleaning bathrooms, house management, etc.

**Transportation:** Includes essential errands, such as groceries, medications, physician visit, food stamps, etc.

**Meals:** Includes meal preparation, meal consumption, and meal clean up.