

**Enchanted Hills
Home Healthcare Agency, Inc.
Homemaker Notes**

Client Name: _____

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Time In:	___:___	___:___	___:___	___:___	___:___	___:___	___:___
Time Out:	___:___	___:___	___:___	___:___	___:___	___:___	___:___
Total Time:							
Respite Time: In/Out/Total	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Hygiene/ Grooming (1)							
Individual Bowel/ Bladder Services (2)							
Meal Preparation/ Assistance (3)							
Eating (4)							
Household/ Support Services (5)							
Supportive Mobility Assistance (6)							
Hauling and Heating Water (7)							
Other							

Homemaker Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____