

CONSUMER / CLIENT NAME \_\_\_\_\_

LENDING A HAND HOME CARE

**PRINT EMPLOYEE NAME** \_\_\_\_\_

**PAS AIDE ACTIVITY RECORD**

WEEK START DATE	(MONDAY)	
WEEK END DATE	(SUNDAY)	

Directions: This is a legal document. Carefully check the assignment/care plan. Initial activities completed. Clinical observations should also be called to the service coordinator or the supervisor.

Place a check, ✓ under date of care.

**CLASSIFICATION** CAREGIVER/PCA HM Other \_\_\_\_\_

**TIMESHEET**

DAY	DATE	START TIME	FINISH TIME	TOTAL TIME LESS BREAK	AUTHORIZED CONSUMER SIGNATURE
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
<b>TOTAL HOURS</b>					

	<b>DATE</b>						
	<b>DAY</b>	MON	TUE	WED	THU	FRI	SAT SUN
BATHING	ACTIVITY						
	BED BATH						
	TUB / SHOWER						
PERSONAL CARE	PARTIAL BATH						
	MOUTHCARE						
	DENTURES						
	HAIR CARE						
	SHAMPOO						
	EYE CARE						
	CHANGE CLOTHES						
	SHAVE						
	SKIN CARE						
	FOOT CARE						
	TOILETING						
	BOWEL MOVEMENT						
	INCONTINENCE CARE						
	CATHERTER CARE						
AMBULATION	AMBULATE						
	TURN & POSITION						
	BED BOUND/ SIDE RAILS						
EXERCISES	TRANSFER - CHAIR-						
	TRANSFER -COMMODE						
	ROM / EXERCISE						
MEAL PRERATION	WENT FOR WALK						
	GROCERY SHOP						
	PREPARE MEAL /						
	FEED/ASSIST EATING						
	DIET INSTRUCTIONS						
	APPETITE (DESCRIBE)						
	FORCE FOODS/FLUIDS						
HOUSE KEEPING	ENCOURAGE FLUIDS						
	RECORD INTAKE / OUTPUT						
	LAUNDRY/LINEN						
HOUSE KEEPING	CLEAN BATHROOM,						
	CLEAN STRIGHTEN RM						
	CLEAN EQMT, KITCHEN						

**TIMESHEETS ARE DUE EVERY MONDAY ON OR BEFORE 12:00 P.M. FAX 215-722-1722.**

**IF TIMESHEETS ARE NOT RECEIVED BY THIS DAY, YOUR PAYCHECK COULD BE DELAYED.**

**CONSUMER NOTE:** By your signature, you certify that hours shown are correct, work was completed satisfactorily, and you agree to the terms listed below. It is understood that overtime at 1 1/2 times will be billed for over 40 hours a week

**EMPLOYEE NOTE:** By your signature, you certify that the hours recorded for the above dates are true and accurate and are properly verified by the client. A reminder that designated holidays and supervisor approved overtime are 1 1/2 times the regular rate.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

Daily Progress Notes:

Mon: \_\_\_\_\_

Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thurs: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_