



Alliance Health Services

**HOME HEALTH AIDE TIMESHEET**

CLIENT NAME (First, MI, Last)	HOME HEALTH AIDE (First, MI, Last)
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For the week of: **Sunday**      /      /      thru **Saturday**      /      /     

MM DD YY MM DD YY

DATES OF SERVICE (MM/DD)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME IN <small>(circle AM/PM)</small>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT <small>(circle AM/PM)</small>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>DAILY TOTAL HOURS</b>							
<b>TOTAL HOURS FOR WEEK</b>							

Instruction: Cares performed must be documented by staff initials. R = Refused (document below)

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>BATH</b>	Bath/Shower							
	Sponge Bath/Bed Bath							
	Shampoo							
	Shave							
	Oral Care/Denture Care							
<b>BLADDER / BOWEL</b>	Dressing							
	Catheter Care							
	Toilet/Commode							
	Bedpan/Urinal							
	Brief/Pad							
<b>AMBULATION</b>	Incontinent							
	Peri Care							
	Distance							
	Frequency							
	Assist with Transfers							
	Use Transfer Belt							
	Bedbound							
	Weight Bearing: Full/Partial							
<b>RANGE OF MOTION</b>	Cane/Crutches							
	Walker/Wheelchair							
	PROM U L							
	AROM U L							
	Apply Limb Prosthesis							
<b>SKIN / SENSORY</b>	Braces							
	TEDS/Ace Wraps							
	Lotion to Skin							
	Nail Care							
	Turn & Position							
	Foot Soak							
	Non Sterile Drsg Chg							
<b>MEALS</b>	Glasses/Contacts							
	Hearing Aide: L R							
	Restrict Fluids/Push Fluids							
	Feed Client							
	Meal Prep: B L D SN							
<b>HOUSEHOLD SERVICES</b>	Supplement Given							
	Weight							
	Vacuum							
	Laundry							
	Kitchen/Dishes							
	Bathroom(s)							
<b>OTHER</b>	Empty Garbage							
	Make Bed, Change Linen							

**COMMENTS:** (Changes in client condition must be documented and RN Supervisor notified.)

CLIENT SIGNATURE	DATE	HOME HEALTH AIDE SIGNATURE	DATE
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**NOTE:** ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 10:00AM FOLLOWING THE WEEK WORKED.  
 PLEASE CALL AFTER YOU SEND YOUR TIMESHEETS TO MAKE SURE THEY WERE RECEIVED.  
 BLANK TIMESHEETS CAN BE FOUND AT OUR WEBSITE WWW.ALLIANCEHEALTHCARE.COM

Office Use Only: Please Initial & Date		
ADMIN	HHA SUP	RN SUP