

*Champion*

Home Health Care, Inc.  
 3911 Newberry Rd, #B-2  
 Gainesville, FL 32607  
 FAX: (352) 240-1530

AEC \_\_\_ ECAC \_\_\_ Sunshine \_\_\_ Other \_\_\_  
 BSCI \_\_\_ GW \_\_\_ UHC \_\_\_  
 CS \_\_\_ MSS \_\_\_ VA \_\_\_

wk ending \_\_\_\_\_  
 month/day/year

Client Name: \_\_\_\_\_ Caregiver Name: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dates:	/	/	/	/	/	/	/	/
<b>Universal Precautions Observed</b>								
Sweep/Vacuum/Dust								
Laundry								
Bathroom								
Bedroom								
Kitchen								
Shopping								
Schedule appointments								
Arrange Transportation								
<b>Total HMK hours</b>								
Social Interaction								
Medication Reminders								
Reading/TV/Games								
Outside								
<b>Total Companion Hours</b>								

Shopping - Client gave aide \$ \_\_\_\_\_ Aide returned \$ \_\_\_\_\_ with receipt  
 Type of shopping                      Groceries                      Pharmacy                      Misc.

**CONTRACTOR VOUCHER**

wk ending \_\_\_\_\_

Client Name: \_\_\_\_\_ Caregiver Name: \_\_\_\_\_

\*The above named caregiver has performed satisfactory service for the time indicated and Champion Home Health Care, Inc. is authorized to bill for such services.\*

	Start Time	End Time	Total Hours	Client Signature	Aide Signature
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					