

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: | / | / | / | / | / | / | / | / |
| Universal Precautions Observed | | | | | | | | |
| Bathing- Bed Bath or Shower | | | | | | | | |
| Hair/Skin/Nail/Oral Care | | | | | | | | |
| Peri Care | | | | | | | | |
| Toileting- Catheter Care | | | | | | | | |
| Assisting with bowel care | | | | | | | | |
| Dressing | | | | | | | | |
| Meal Prep - feeding | | | | | | | | |
| Medication Reminders | | | | | | | | |
| Passive ROM exercise | | | | | | | | |
| Cane/Walker/WC | | | | | | | | |
| Mobility | | | | | | | | |
| Transfer to/from wheelchair | | | | | | | | |
| Vitals | | | | | | | | |
| Urinary Output | | | | | | | | |
| Total PC Hours | | | | | | | | |
| | | | | | | | | |
| RESPITE PROVIDED | | | | | | | | |

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 | | | | | |