

Champion

ECAC

Week ending  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Home Health Care, Inc.  
License #29992736  
Fax # (352) 240-1530

HOMEMAKING

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

Days	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Dates	/	/	/	/	/	/	/
Universal Precautions Observed							
Sweep / Vacuum / Dust / Mop							
Laundry							
Bathroom / Bedroom / Kitchen							
Trash							
Schedule Appointments							
Arrange Transportation							
Shopping***							
<b>Total HMK Hrs</b>	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs

\*\*\*Shopping – client gave aide \$ \_\_\_\_\_ Aide returned \$ \_\_\_\_\_ with receipt

Type of shopping      Groceries                                  Pharmacy                                  Misc.

**CONTRACTOR VOUCHER**

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\***

Date	Day	Start Time	End Time	Total Hrs	Client Signature	Aide Signature
	Sun	am/pm	am/pm			
	Mon	am/pm	am/pm			
	Tue	am/pm	am/pm			
	Wed	am/pm	am/pm			
	Thu	am/pm	am/pm			
	Fri	am/pm	am/pm			
	Sat	am/pm	am/pm			