

Champion

MSS

Week ending
____/____/____

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

HOMEMAKING- CCE

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***							
Total HMK Hrs	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			