

Champion

VA

Week ending
____/____/____

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

PC /Respite – circle one

Client Name _____

Caregiver Name _____

Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Dates	/	/	/	/	/	/	/
Universal Precautions Observed							
Bathing / Shower/Tub/Bed							
Dressing							
Skin / Nail / Oral Care							
Toileting							
Peri Care/Catheter Care							
Meal Prep/Feeding							
Blood Pressure	/	/	/	/	/	/	/
Medication Reminders							
Cane / Walker / WC / Mobility							
Positioning Every 2 hours							
*** Shopping							
Light Homemaking							
Total PC Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs
Respite							
Total Respite 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
	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			
	Sun	am/pm	am/pm			