

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

Marion Senior Services
Personal Care

W/K ending 6/27/15
 month/day/year

CCE _____ MW _____

Client Name: Mary Smith Caregiver Name: Nancy Jones

Day	Date	Start Time	Finish time	Total Time	Authorized Time	Aide stayed full time Y/N	Client Signature
		Hour-Min	Hour-Min				
Sun	6/21	:	:				
Mon	6/22	9:00a	10:00a	1hr	1hr	Y	Mary Smith
Tue	6/23	:	:				
Wed	6/24	:	:				
Thur	6/25	:	:				
Fri	6/26	:	:				
Sat	6/27	:	:				

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dates:	6/21	6/22	6/23	6/24	6/25	6/26	6/27
Bathing/Shampoo		✓					
Skin/Nail/Oral Care		✓					
Dressing		✓					
Ambulation/Exercise							
Transfer							
Change Bed Linens							
Tidy Bedroom/Bath							
Meal Prep							
Univ Prec Observed		✓					

COMMENTS

Client Signature Mary Smith Caregiver Signature Nancy Jones

Confidentiality Notice: The material contained in this facsimile transmission is private, confidential, privileged, contains Protected Health Information or (PHI) constitutes a work product protected by law and is intended only for the use of the individual(s) named above. If you are not the intended recipient, be advised that unauthorized use, disclosure, copying, distribution, or taking any action is strictly prohibited. If you have received this transmission in error please immediately destroy this form and notify us via telephone. All clients receive equal treatment regardless of age, race, sex, ability to pay, religion or disability.

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

Marion Senior Services
HOMEMAKING

W/K ending 6/27/15
 month/day/year

CCE _____ MW _____

Client Name: Mary Smith Caregiver Name: Nancy Jones

Day	Date	Start Time	Finish time	Total Time	Authorized Time	Aide stayed full time Y/N	Client Signature
		Hour-Min	Hour-Min				
Sun	6/21	:	:				
Mon	6/22	:	:				
Tue	6/23	:	:				
Wed	6/24	9:00a	12:00p	3hr	3hr	Y	Mary Smith
Thur	6/25	:	:				
Fri	6/26	:	:				
Sat	6/27	:	:				

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dates:	6/21	6/22	6/23	6/24	6/25	6/26	6/27
Purch/Put away groc							
Clean inside refrig							
Clean bathroom				✓			
Sweep/mop/vacuum				✓			
Prepare meals							
Clean kitchen				✓			
Laundry				✓			
Dust				✓			
Take out trash				✓			
Change Linens				✓			
Univ Prec Observed				✓			
Aide was given \$ in cash for Laundry/Gro	\$ _____ Given	\$ _____ Given	\$ _____ Given	\$ _____ Given	\$ _____ Given	\$ _____ Given	\$ _____ Given
Other and \$ returned in change	\$ _____ Returned	\$ _____ Returned	\$ _____ Returned	\$ _____ Returned	\$ _____ Returned	\$ _____ Returned	\$ _____ Returned

COMMENTS

Client Signature Mary Smith Caregiver Signature Nancy Jones

Confidentiality Notice: The material contained in this facsimile transmission is private, confidential, privileged, contains Protected Health Information or (PHI) constitutes a work product protected by law and is intended only for the use of the individual(s) named above. If you are not the intended recipient, be advised that unauthorized use, disclosure, copying, distribution, or taking any action is strictly prohibited. If you have received this transmission in error please immediately destroy this form and notify us via telephone. All clients receive equal treatment regardless of age, race, sex, ability to pay, religion or disability.

Champion Home Health Care
 3911 Newberry Rd, Suite B-2
 Gainesville, FL 32607

Client Name: Susie Johnson

M/W Number: _____

Personal Care Activity Log _____ 3-B _____ CCE _____ CLP _____ MW

Indicate Date	6/21	6/22	6/23	6/24	6/25	6/26	6/27
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Total Bed Bath							
Tub Bath							
Shower				✓			
Shampoo				✓			
Comb Hair				✓			
Oral Hygiene				✓			
Shave							
Dressing Assistance				✓			
Skin Care				✓			
Transfer							
Ambulate				✓			
Bed Bound							
Bathroom/General Cleanup				✓			
Prep of a small meal							
Time in:				9:00a			
Time out:				11:00a			
Total time:				2hrs			

Aide was given \$ _____ in cash for the following:

Laundry _____ Groceries _____

Homemaker returned \$ _____ in change

I acknowledge that the above services were performed	
	Date
Sun.	6/21
Mon.	6/22
Tues.	6/23
Wed.	6/24
Thurs.	6/25
Fri.	6/26
Sat.	6/27

6/24/15
Date

Mary Black
Homemaker Signature

Champion Home Health Care
 3911 Newberry Rd, Suite B-2
 Gainesville, FL 32607

Client Name: Susie Johnson

MW Number: _____

Homemaker Activity Log

3-B _____ CCE _____ CLP _____ MW

Indicate Date	Sun	Mon	Tues	Wed	Thur	Fri	Sat
	6/21	6/22	6/23	6/24	6/25	6/26	6/27
Make bed/change linen				✓			
Clean kitchen				✓			
Clean inside of refrigerator							
Wash dishes				✓			
Vacuum/sweep				✓			
Dust furniture							
Remove trash				✓			
Prepare meals				✓			
Clean bathroom							
Shopping							
Put groceries away							
Assist w/ paying bills							
Laundry				✓			
Time in:				11:00a			
Time out:				1:00p			
Total time:				2hrs			

Homemaker was given \$ _____ In cash for the following:

Laundry _____ Groceries _____

Homemaker returned \$ _____ In change

I acknowledge that the above services were performed	Date
Sun.	6/21
Mon.	6/22
Tues.	6/23
Wed. <u>Susie Johnson</u>	6/24
Thurs.	6/25
Fri.	6/26
Sat.	6/27

6/24/15
Date

Mary Black
Homemaker Signature

Champion Home Health Care
 3911 Newberry Rd, Suite B-2
 Gainesville, FL 32607

Client Name: John Smith

M/W Number: _____

Respite Activity Log

3-B _____ CCE _____ CLP _____ MW

Indicate Date	6/21	6/22	6/23	6/24	6/25	6/26	6/27
	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Assist to bathroom							✓
Assist with bath or shower							✓
Assist with bed bath							
Oral hygiene							✓
Shave							✓
Shampoo and comb hair							✓
Turn every 2 hours							✓
Change diaper							✓
Change bed linens							✓
Companionship							✓
Read							✓
Go for walk							
Serve fluids and meals							✓
Side rails up							
Homemaking							
Tidy bathroom							
Empty bed pan and clean							
Empty bed side commode							
Laundry							
Time in:							9:00a
Time out:							12:00p
Total time:							3hrs

I acknowledge that the above services	
were performed	Date
Sun.	6/21
Mon.	6/22
Tues.	6/23
Wed.	6/24
Thurs.	6/25
Fri.	6/26
Sat. <u>John Smith</u>	6/27

6/22/15 Jim Jones
 Date Homemaker Signature

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

American EC _____
 Private _____
 TANGO _____

UHC
 VA _____
 Other _____

W/K ending 10/28/15
 month/day/year

Client Name: William Brown Caregiver Name: Jim Jones

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Dates:	10/22	10/23	10/24	10/25	10/26	10/27	10/28
Universal Precautions Observed	✓		✓		✓		
Bathing/Shampoo	✓		✓		✓		
Skin/Nail/Oral Care	✓		✓		✓		
Toileting	✓		✓		✓		
Dressing	✓		✓		✓		
Meal Prep/Feeding	✓		✓		✓		
Assist w/meds	✓		✓		✓		
Ambulation/Exercise	✓		✓		✓		
Cane/Walker/WC							
Sweep/Vac/Dust	✓				✓		
Linens	✓		✓		✓		
Laundry	✓		✓				
Bathroom	✓		✓		✓		
Kitchen	✓		✓		✓		
Bedroom			✓				
Take out trash	✓		✓		✓		
Shopping			✓				
Meal Prep							
Reading							
Outside-sit/walk	✓						
RESPITE PROVIDED	✓						
VA/BATH VISIT							

CONTRACTOR VOUCHER

Week Ending Sunday: 10/28/15

Client Name: William Brown (print) Caregiver Name: Jim Jones (print)

Client Signature: William Brown Caregiver Signature: Jim Jones

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	Finish Time	Total	Client Initial	Mileage
	Hour-Min	Hour-Min			
Mon	8:00a	2:00p	6 hrs	WB	Do Not include travel miles to/from the job. Include miles for transporting the client and running errands.
Tue	:	:			
Wed	8:00a	2:00p	6 hrs	WB	
Thu	:	:			
Fri	8:00a	2:00p	6 hrs	WB	
Sat	:	:			
Sun	:	:			

Expenses (attach receipts)