

PROGRESS NOTES / TIME CARD

CLIENT NAME John Doe
 YEAR 2022

ATTENDANT NAME Taylor Matter
 ATTENDANT SIGNATURE T Matter

Please Mark one of the following options:

I was X was not X injured in any way while on the job during the above mentioned pay period. Please call the office immediately with details.
 Only those cares, tasks, or chores listed in the NSA/Care Plan are authorized. Mark the appropriate boxes verifying that you have performed the required services and any required narrative documentation. PLEASE contact the office immediately if there is any change in the condition of the client.

PCS/Attendant Care/Companion

TASK	S	M	T	W	T	F	S	S	M	T	W	T	F	S
Assist with Eating		X												
Bathing		R												
Dressing		X												
Emergency Response														
Medication		X												
Mobility		X												
Personal Hygiene		X												
Toileting		X												
Transferring		X												
Total Hours	6													

Homemaker/Companion

TASK	S	M	T	W	T	F	S	S	M	T	W	T	F	S
Access To Transportation														
Housework		X												
Laundry		X												
Meal Preparation		X												
Shopping														
Total Hours	2													

Chore Services

Sidewalk Maintenance														
Yard Maintenance														
Total Hours														

* Narrative explanation of the task completed * Notate independent items as I * Notate refused care as R with narrative explanation
 Narrative Documentation: Refusals / Why, Condition Change (Please call office) YOU HAVE TO NOTATE IN THIS SECTION

7/25 - Bath refused. Client in good mood, son came for a visit.

Reason: App did not work

CLIENT SIGNATURE John Doe
 PCS

CAREGIVER SIGNATURE T Matter
 HMKR

Client & Employee Initials Required for EVERY shift worked.

Make sure you note AM or PM

Date	TIME IN AM / PM	TIME OUT AM / PM	TOTAL	Client Initials	Caregiver Initials
7/25	8:00 AM	2:00 PM	6.0	JD	TM
	AM	PM			
	AM	PM			
	AM	PM			
	AM	PM			
	AM	PM			
	AM	PM			
	AM	PM			

Total.....

TOTAL BILLABLE HOURS

Date	TIME IN AM / PM	TIME OUT AM / PM	TOTAL	Client Initials	Caregiver Initials
7/25	2:00 AM	4:00 PM	2.0	JD	TM
	AM	PM			
	AM	PM			
	AM	PM			
	AM	PM			
	AM	PM			
	AM	PM			
	AM	PM			

Total.....