

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

Marion Senior Services

HOMEMAKING

CCE _____

MW _____

W/K ending

month/day/year

Client Name: _____ Caregiver Name: _____

Day	Date	Start Time Hour-Min	Finish time Hour-Min	Total Time	Authorized Time	Aide stayed full time Y/N	Client Signature
Sun		:	:				
Mon		:	:				
Tue		:	:				
Wed		:	:				
Thur		:	:				
Fri		:	:				
Sat		:	:				

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dates:	/	/	/	/	/	/	/
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 in change	\$ _____ Returned	\$ _____ Returned	\$ _____ Returned	\$ _____ Returned	\$ _____ Returned	\$ _____ Returned	\$ _____ Returned

COMMENTS

Client Signature _____ Caregiver Signature _____

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