Personal Care Assistance Service
Time Sheet/Details of Activity

Consumer Name _____

Employee Name _____

Week Ending ___/___/20___

Date							
Time In	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Time Out	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Hours Worked							
ADLs Bathing							
Dressing							
Eating/Feeding							
Grooming							
Mobility/Walking							
Toileting/Bowel and bladder care							
Transferring							
IADLs Cueing/Reminders for self medication administration							
Housekeeping							
Laundry							
Meal Preparation/Planning							
Shopping							
Other Accompany to appointments							
Conversation							
Errands							
Mail/Correspondence							
Telephone use							
_____							
_____							
Consumer Signature							

ADL/IADL Codes
R- Routine
F- Frequent
I - Intermittent

Guardian Angels HOMECARE

Employee Signature _____ Date _____

My signature certifies that I have used the Carewatch System to record my hours- For Hospice Only

Agency Supervisor Initial- _____