

HOMEMAKER / COMPANION ACTIVITY SHEET

CLIENT NAME: _____

Period Ending: _____

Employee Name: _____

		SUN	MON	TUES	WED	THURS	FRI	SAT
HOMEMAKER DUTIES:	DATE							
	Time In							
	Time Out							
	Hours							
	Vacuuming							
	Dusting							
	Wet mop Floors							
	Care of Bathroom							
	Making beds/change linens							
	Clean kitchen							
	Wash dishes							
	Clean refrigerator							
	Laundry							
	Marketing / shopping							
	Meal Planning & preparation							
	Money Management (make deposit, pay bills)							
	Other:							

COMPANION DUTIES:	Time In							
	Time Out							
	Hours							
	Supervision / monitor of activities of daily living							
	Reminder for self-administered medication							
	Escort to recreational activity							
	Accompany to appointment (medical/business)							
	Assist with phone calls/communications							
	Accompany on walk							
	Conversation							
	Read							
	Other:							



Employee Signature: _____

Date: _____

Supervisor: _____