

Freedom Home Care, LLC.

7551 Shelby Street, 3rd Floor
Indianapolis, IN 46227
Phone: (317) 744-9676 Fax: (317) 744-9824

Employee Name: _____ Title: HHA

Patient's Name: _____ Supervisor: Southi

Timesheets due in the Office by **Noon Every Monday**

Day	Date	Time In	Time Out	Employee Signature	Patient's Signature	Time In	Time Out	Total	Employee's Signature	Pat. Sign.
Sunday										
Monday										
Tuesday										
Wed.										
Thurs										
Friday										
Saturday										

DO NOT SIGN, IF YOU DON'T RECEIVE THE CHANGE WITH THE RECEIPT

Total Hours:

HOME HEALTH CARE ACTIVITY REPORT

Services: HMK	S	M	T	W	Th	F	S	Services: PCS	S	M	T	W	Th	F	S
Housekeeping								Hygiene/Grooming							
Dust/Vacuuming/Damp								Personal Care							
Bathroom Clean								Bed-Tub/Shower							
Make /Change bed								Bed bath/Partial/Complete							
Empty Trash								Assist shower/bathchair							
Kitchen Clean								Hair care/ Shampoo (Mark HC or S)							
Dish Wash								Shave/Groom/Deodorant							
Laundry Wash								Assist with dressing							
Laundry Put away								Mouth/Denture care							
Laundry Client Home								Skin care/Foot care							
Refrigerators Clean								Nail-clean/File/Report							
Mirrors/Window								Assist Cane, Walker							
Errands \$	Cash	Change back \$						Help with toilet							
Shopping								Check pressure Area							
Prescription Pickup								Nutrition							
Appointment								Food Allergies							
Accompany								Limit/Encourage fluids							
Activity								Meal Preparation							
Ambulation Assist								Feeding/Serving							
Mobility assist								Remind with medication							
Positioning								Remind to check blood sugar (if applicable)							
Rom-active/ passive								Hand washed before							
Exercise-per care plan								and after patient care							

Note: Your signature indicates your approval of the hours that have been documented, if you have any questions or concerns, please contact the office as soon as possible.

Freedom Home Care, LLC.
 7551 Shelby Street, 3rd Floor
 Indianapolis, IN 46227
 Phone: (317) 744-9676 Fax: (317) 744-9824

Waiver

Employee Name: _____ Title: HHA

Patient's Name: _____ Supervisor: Southi

Timesheets due in the Office by **Noon Every Monday**

Day	Date	Time In	Time Out	Employee Signature	Patient's Signature	Time In	Time Out	Total	Employee's Signature	Pat. Sign.
Sunday										
Monday										
Tuesday										
Wed.										
Thurs										
Friday										
Saturday										

DO NOT SIGN, IF YOU DON'T RECEIVE THE CHANGE WITH THE RECEIPT

Total Hours:

HOME HEALTH CARE ACTIVITY REPORT

Services: HMK	S	M	T	W	Th	F	S	Services: PCS	S	M	T	W	Th	F	S
Housekeeping								Hygiene/Grooming							
Dust/Vacuuming/Damp								Personal Care							
Bathroom Clean								Bed-Tub/Shower							
Make /Change bed								Bed bath/Partial/Complete							
Empty Trash								Assist shower/bathchair							
Kitchen Clean								Hair care/ Shampoo (Mark HC or S)							
Dish Wash								Shave/Groom/Deodorant							
Laundry Wash								Assist with dressing							
Laundry Put away								Mouth/Denture care							
Laundry Client Home								Skin care/Foot care							
Refrigerators Clean								Nail-clean/File/Report							
Mirrors/Window								Assist Cane, Walker							
Errands \$	Cash	Change back \$						Help with toilet							
Shopping								Check pressure Area							
Prescription Pickup								Nutrition							
Appointment								Food Allergies							
Accompany								Limit/Encourage fluids							
Activity								Meal Preparation							
Ambulation Assist								Feeding/Serving							
Mobility assist								Remind with medication							
Positioning								Remind to check blood sugar (if applicable)							
Rom-active/ passive Exercise-per care plan								Hand washed before and after patient care							

Note: Your signature indicates your approval of the hours that have been documented, if you have any questions or concerns, please contact the office as soon as possible.