## Freedom Home Care, LLC.

7551 Shelby Street, 3<sup>rd</sup> Floor Indianapolis, IN 46227

Phone: (317) 744-9676 Fax: (317) 744-9824

Employee Name:																			
Patient's Name:																			
	Timeshe	ets due	in th	ne O	ffic	e by	Nooi	n Ev	erv	Monday									
Day	Day Date T		Time Time			Employee		Patient's Time Time		Tot	al	Employee's			Pat. Sign				
			In Out S		Signature			Signature	In Out				Signature						
Sunday																			
Monday																			
Tuesday																			
Wed.																			
Thurs																			
				-															
Friday																			
Saturday																			
	DO N	OT SIGN	N, IF	YOU	J <b>D</b> C	N'T	REC	EIVE	TF	HE CHANGE	WITH 7	THE RE	CEIF	T [	Tot	tal II	r		
	HOME HEALTH CARE AC							\ C'	TIVITY REPORT					Total Hours:					
Services	Services: HMK S M T W Th F							Services: PCS   S   M					Т	W	Th	F	S		
		Housek	ceep	ing			1					Hygier				g			
Dust/Vacuuming/Damp										Personal Care									
Bathroom Clean										Bed-Tub/Shower									
Make /Change bed										Bed bath/Partial/Complete									
Empty 7											ist shower/bathchair								
Kitchen	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									퇶			
Errand	s \$	Cash	Ch	ange	e ba	ck\$	•			Help with	toilet								
Shoppin				sure A															
Prescrip	tion Pickup		Nuti					utri	tion										
Appoint	pointment			Food Allergies															
Accompany							Limit/Encourage fluids												
Activity								Meal Preparation											
Ambulation Assist										Feeding/Se	rving								
Mobility	Mobility assist						Remind with medication												
Position	Positioning						Remind to check blood												

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.

Rom-active/ passive

Exercise-per care plan

sugar (if applicable)

Hand washed before

and after patient care

## Freedom Home Care, LLC.

Waiver

7551 Shelby Street, 3<sup>rd</sup> Floor Indianapolis, IN 46227

Phone: (317) 744-9676 Fax: (317) 744-9824

Employee Name: \_\_\_\_\_\_ Title: \_\_\_\_HHA\_\_\_

	Patient's N	ame:	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 Housekeeping Hygiene/Grooming Dust/Vacuuming/Damp Personal Care Bathroom Clean Bed-Tub/Shower Bed bath/Partial/Complete Make /Change bed **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 Help with toilet Cash Change back \$ Errands \$ Shopping Check pressure Area Prescription Pickup **Nutrition** Food Allergies Appointment Limit/Encourage fluids Accompany Meal Preparation **Activity Ambulation Assist** Feeding/Serving Remind with medication Mobility assist Positioning Remind to check blood sugar (if applicable) Rom-active/ passive Hand washed before Exercise-per care plan and after patient care