

Patient/Client Name: _____

	MON	TUE	WED	THU	FRI	SAT	SUN
DATE:							
TIME IN:							
TIME OUT:							
CLIENT/PATIENT INITIALS:							
CLEANING/HOUSEKEEPING							
Sweep Floors							
Vacumn							
Empty Trash							
Clean Bedroom							
Change Bed Linens							
Pick-Up/Organize							
Clean Kitchen							
Wash/Dry Dishes							
Clean Stove							
Clean Refrigerator							
Clean Counters							
Wash Floors							
Clean Bathroom							
Scour Sink/Tub/Shower							
Clean/Disinfect Toilet							
Clean Floors							
Laundry (Wash/Dry/Fold)							
ACTIVITES/OUTINGS							
Errands							
Accompany to Medical							
Accompany to Social Outing							
Walk with Patient							
FOOD/NUTRITION							
Food Shopping							
Meal Preparation/Serve	%	%	%	%	%	%	%
Breakfast % Eaten	%	%	%	%	%	%	%
Lunch % Eaten	%	%	%	%	%	%	%
Dinner % Eaten							
OBSERVE/URGE BATHING							
MEDICATION REMINDER							

DATE	CAREGIVER COMMENTS

Caregiver Signature: _____ Print Name: _____

Patient/Designee: I certify that the employee listed on this time slip worked the times indicated and the work was performed in a satisfactory manner. I agree to the times regarding this time slip.

Patient/Client Signature: _____ Print Name: _____