


IN-HOME AIDE TIMESHEET	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date:							
Time In:							
Time Out:							
Hygiene	Sun	Mon	Tues	Wed	Thur	Fri	Sat
1. Tub bath or shower							
1.a. Upper body							
1.b. Lower body							
2. Help w. getting in tub/shower							
3. Bed bath							
4. Sponge bath							
5. Additional transfer							
6. Shampoo/Hair care							
7. Skin care (inc. wash face/hands& foot care)							
8. Nail care							
9. Mouth/oral/denture care							
10. Shave							
1. Change linens/make bed							
2. Tidy/clean bathroom							
3. Laundry tasks							
Dressing	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1. Don clothing/socks/shoes							
2. Remove clothing/socks/shoes							
3. Help with clothing/shoe fasteners							
4. Assist with TEDS							
5. Assist with braces/splints							
6. Assist with binders							
7. Assist with prosthetics							
1. Hang/retrieve clothing							
2. Laundry tasks							



Client Name _____

Client Address _____

Client Contact# _____

Instructions

1. Record Time in and out of work

2. Check-x-or mark box if you completed task

3. Please note client progress and any deviation

Client Signature _____

Date _____

*I certify that I have worked the time documented and completed tasks checked

Aide Signature _____

Position _____

Date _____

