IN-HOME AIDE TIMESHEET	Sun	Mon	Tue	Wed	Thu	Fri	Sat				
Date:											
Time In:											
Time Out:								Infiniti			
Hygiene	Sun	Mon	Tues	Wed	Thur	Fri	Sat	<b>HOME</b> CARE			
1. Tub bath or shower											
1.a. Upper body								_			
1.b. Lower body								Client Name			
2. Help w. getting in tub/shower								Client Address			
3. Bed bath											
4. Sponge bath								Client Contact#			
5. Additional transfer											
6. Shampoo/Hair care								<u>Instructions</u>			
7. Skin care (inc. wash face/hands& foot care)								1.Record Time in and out of work			
8. Nail care								2.Check-x-or mark box if you completed task			
9. Mouth/oral/denture care								2.Check-x-or mark box if you completed task			
10. Shave								2 Please note client progress and any deviation			
1. Change linens/make bed								3. Please note client progress and any deviation			
2. Tidy/clean bathroom											
3. Laundry tasks											
_	1 _	I	_					Client Signature			
Dressing	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<del>- </del>			
1. Don clothing/socks/shoes								Date			
2. Remove clothing/socks/shoes								*I ceritfy that I have worked the time			
3. Help with clothing/shoe fasteners								documented and completed tasks checked			
4. Assist with TEDS											
5. Assist with braces/splints								Aide Signature			
6. Assist with binders								_			
7. Assist with prosthetics								Position			
1. Hang/retrieve clothing								_			
2. Laundry tasks								Date			

Mobility	Sun	Mon	Tues	Wed	Thur	Fri	Sat	
1. Transfer to/from bed								
2. Transfer to/from chair								
3. Ambulation room to room								
4. Assist with stairs								- Infiniti
5. Passive/active range of motion								HOMECARI
6. Turn/reposition								HONECARE
1. Clear pathway/minimize clutter								
2. Retrieve/return equipment								NA-
Toiliting	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Note
1. Remove/pull up/fasten garments								
2. Hygiene after toileting								
3. Transfer to/from BSC or toilet								
1. Clean BSC/urinal/bedpan/toileting area								
2. Empty trash/dispose incontinence supplies								
3. Laundry tasks								
Eating	Sun	Mon	Tues	Wed	Thur	Fri	Sat	-
1. Assist with cutting food								-
2. Assist with feeding								
3. Assist with utensil usage								
4. Lift limb to mouth								Discrepency
5. Tube feeding								Date:
6. Equipment setup								
7. Chop/grind/puree/thicken								
8. Open packages								
9. Heat/assemble food								
1. Clean meal service area								
2. Clean utensils/dishes, empty trash								
1. Blood pressure monitoring								Reviewer:
2. Blood glucose monitoring								Date:
3. Medication self-administration reminders								
Special task:								