

SarahCare[®]

HOME CARE & ADULT DAY CARE
TIMESHEET

CLIENT NAME: _____

MEDICAID #: _____

EMPLOYEE NAME:				
LAST FOUR OF SSI#:				
EMPLOYEE PHONE NUMBER:				
SHIFT	DATE	SHIFT TIME IN	SHIFT TIME OUT	TOTAL HOURS WORKED
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

LOCATION SERVICES PROVIDED: _____

REASON FOR MISSED EVV: _____

EMPLOYEE NOTE: By your signature, I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification may subject me to administrative, civil or criminal liability.

IF YOUR CLIENT WAS IN THE HOSPITAL, YOU ARE NOT ALLOWED TO WORK. ANY HOURS PAID TO YOU WHILE YOUR CLIENT WAS IN THE HOSPITAL, WILL BE RECOUPED.

Employee Signature: _____

Client Signature: _____

Timesheets are due within 24 hours of receiving notification.

ACTIVITY RECORD

Directions: This is a legal document. Check the assignment/care plan. Check off each activity that is completed. **If the client is hospitalized, in a nursing home or other facility, is away from home for any other reason or passes away and is unable to receive services you must report to Natalia Soto - nsoto@sarahpa.com.**

ACTIVITY	SUN	MON	TUE	WED	THU	FRI	SAT
BATH: BATH/SHOWER, SPONGE/BED BATH, SHAMPOO, SHAVE, ORAL/DENTURE CARE, DRESSING							
BLADDER: CATHETER, TOILET/COMMODE, BEDPAN/URINAL, BRIEF/PAD, PERICARE, INCONTINENT							
RANGE MOTION: BRACES, APPLY LIMB PROSTHESIS, ASSIST WITH MOVEMENT, TEDS/ACE WRAPS, AMBULATION							
SKIN: LOTION, NAIL CARE, TURN & POSITION, FOOT SOAK, DRESSING CHANGE, GLASSES, HEARING AIDE							
MEALS: MEAL PREP, RESTRICT/PUSH FLUIDS, FEED CLIENT, WEIGHT SUPPLEMENT GIVEN							
HOUSEHOLD: VACUUM, LAUNDRY, BATHROOMS KITCHEN/DISHES, GARBAGE, MAKE BED/LINENS							
IADL: SHOPPING, APPOINTMENTS, SOCIAL INTERACTION, COMPANIONSHIP							

Team Supervisor Approved: Natalia Soto

Date: _____

EIN#: 46-5578472 KEYSTONE PROVIDER ID#: 30762113

TIMESHEETS CAN BE FAXED TO: (215) 494-2369. EMAILED TO: TS@SARAHPA.COM