Macas Home Care LLC

TIME SHEET

Time Period _____thru_____
(Sunday through Saturday)

PRINT EMPLOYEE NAME _____

PRINT CONSUMER NAME _____

CLASSIFICATION DCW / HHA / CNA/Other_____

DAY	DATE	START TIME	FINISH TIME	TOTAL TIME LESS BREAK	AUTHORIZED CONSUMER SIGNATURE
Sun					
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
		TOTAL	HOURS		

CONSUMER NOTE: By your signature, you certify that hours shown are correct, work was completed satisfactorily, and you agree to the terms listed below.

EMPLOYEE NOTE: By your signature, you certify that the hours recorded for the above dates are true and accurate and are properly verified by the client.

Employee Signature **Date**

Timesheets are due by 12 p.m. on Sundays. Please drop off, fax to 866-806-2227, or email to timesheets@macashomecare.com. You will NOT be paid without your timesheet.

CONDITIONS **Consumer** agrees to terms of NET UPON RECEIPT, and understands that unpaid accounts will be considered in default after thirty (30) days, after which a default charge will be imposed at 1½ % per month on unpaid balances (Annual rate of 18 %.) or the legal interest, whichever is lower. Client agrees to pay default charge and reasonable attorney's fee for cost of collection. Client recognizes the rights of Macas Home Care LLC as the employer and agrees to **NOT** employ the person named herein for a period of 180 days following termination of this assignment unless assessment fee is paid. Fee is $2500.00 for individuals; 25% of projected annual wage for facilities. **DO NOT** pay the employee directly. No credit can be assured against the current invoice. Employee BONDING claims are only assured if claims are made in writing and to the local police within 14 days after notice of loss.
FORM # _____

ACTIVITY RECORD

Directions: This is a legal document. Check the assignment/care plan. Check each activity that is completed. Indicate by "R" if an assigned activity is refused by the consumer. Use the "comments" section below for refusal reason. Consumer changes should be called to the supervisor. Use "H" for hospitalizations.

DAY / ACTIVITY DATE	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Bath: Chair..Bed..Tub							
Shower/Partial Bath							
Shampoo/ Hair set up							
Nail Care set up							
Dressing							
Oral Hyg/Dentures							
Shave set up							
Skin Care: Lotion set up							
Foot Care set up							
Meal preparation							
Eating/drinking							
Laundry/Linen							
Light housekeeping							
Shopping							
Remind to take meds							
Reading/writing							
Social activities							
Telephone/devices							
Transportation/Escort							
Appt scheduling							
Personal possessions							
Positioning							
ROM /Exercise							
Ambulating, Supervised walks							
Supervise/coach/cue							
Transfers							
Bowel/bladder mgt.							
Toileting							
Incontinence care							
Take out trash							
Other							

Comments: _____

Consumer Initial_____ Empl Signature _____