VNS CAREGIVERS INC.30 Hazel Terrace Suite 4, Woodbridge CT 06525
Tel:203-298-4867;Fax: 203-404-3109;Email: vnscaregivers@gmail.com

HOMEMAKER TASKS RECORD

Client Name: _ Week Ending Date: _ _ _ _ _ _ _ _ _ _ _ _ _

Aide's Name: _____ Signature _____Date_____

Enter date and time in and time out (to include AM or PM) and ensure client signs on each day worked.

Date of Service	Day of Week	Time IN	Time OUT	Tim e IN	Time OUT	CLIENTS MUST SIGN TIMESHEETS DAILY.
	Sunday					Client Signature:
	Monday					Client Signature
	Tuesday					Client Signature:
	Wednesday					Client Signature:
	Thursday					Client Signature:
	Friday					Client Signature:
	Saturday					Client Signature:

Ensure timesheets are completed, entirely, accurately and they are legible. No scratch-outs. No white-out. If you make a mistake, draw a single line through it, initial it and make your correction.

TOTAL HOURS W0RKED:

	Assignment (MUST COMPLETE ALL TASKS)	SUN	MON	TUE	WED	THU	FRI	SAT	Comments
50	Medication reminding/cueing								
51	Laundry								
52	Housekeeping								
53	Outdoor work (i.e. Water plants, fill bird feeder)								
54	Make bed								
55	Grocery shop/errands								
57	Personal business (bill paying, communication)								
58	Meal preparation and planning								
NUMBER OF TASKS									

All timesheets must be received on or before every Sunday by 10am following the week worked. Timesheets received after the deadline will be held until the following pay period. Blank Timesheets can be found at our website www.vnscaregivers.com/work-tools.html .

DROP TIMESHEETS IN THE WHITE DROP BOX IN FRONT OF THE OFFICE BUILDING MAIN ENTRANCE

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