AginCare Homecare Services, Inc.
TEL:718-424-4200
Please submit copy of fully completed and signed timesheet to
PAYROLL@CANDTHOMECARE.COM

Patient Information			
Patient Last Name		Patient First Name	
Patient Address			
Patient Date of Birth			
Aide Information			
Aide Last Name		Aide First Name	
Aide Address			
Aide Assignment ID		Aide Last 4 SSN Number	
Please Fill Out the Information Below			
Reason for failure to complete EVV Submission			
Date Of Visit (IN)		Time IN	
Date Of Visit (OUT)		Time OUT	
Hours Worked			

Tasks	
PERSONAL CARE	
Bath	□ Tub (100) □ Shower (101) □ Bed (102)
□ Patient requires total care(103)	
□ Mouth Care/Denture Care(106)	
Hair Care	□ Comb (107) □ Shampoo (108)
Grooming	□ Shave (109) □ Nails (110)
□ Dressing(111)	
□ Skin Care(112)	
□ Foot Care(106)	
Toileting	□ Diaper (114) □ Commode (115) □ Bedpan/ Urinal (116) □ Toilet (117)
NUTRITION	
□ Patient is on a prescribed nutrition(201)	
Prepare	□ Breakfast (202) □ Lunch (203) □ Dinner(204) □ Snack (205)
□ Assist with feeding(206)	
ACTIVITIES	
□ Transferring(300)	
Ambulation	□ Assist with walking (301) □ Assist patient to walk with assistive device (302)
□ Assist with home exercise program(305)	
□ Range of Motion Exercise(306)	
□ Turning and positioning ( ) hours(311)	
HOUSEKEEPING	
□ Empty Foley bag (409)	
□ Assist with ostomy care (410)	
□ Remind to take medication (411)	
□ Change bed linen (500)	
□ Patient Laundry (501)	
□ Light Housekeeping (502)	
□ Do patient shopping and errands (506)	
SPECIAL NEEDS	
□ Accompany patient to medical appointment(508)	
□ Monitor patient safety(511)	
Please Signature Below	
Signature of Aide	
Signature of Patient	