## **GUARDIAN ANGEL HEALTH AGENCY, LLC**

639 S. Hamilton Ave, Whitehall OH 43213 Tel: (614) 868-3226 Fax: (614) 868-3437

No	
Sun	
Sun	DATE
Tue	
Thu  PM Shift (Mark with a √all tasks completed during this shift)  PM Shift (Mark with a √all tasks completed during this shift)  PM Shift (Mark with a √all tasks completed during this shift)  PM Shift (Mark with a √all tasks completed during this shift)  PM Shift (Mark with a √all tasks completed during this shift)  PM Shift (Mark with a √all tasks completed during this shift)  PATIENT SIGNATURE  DATE  EMPLOYEE SIGNATURE  Total Hours Worked (Should Not Exceed Authorized hours to work/Per Cisser/CES  Sat  Total Hours Worked (Should Not Exceed Authorized hours to work/Per Cisser/CES  SERVICES  S M T W T F S SERVICES  S M T W T T F S SERVICES  S M T W T F S SERVICES  S M T W T T S SERVICES  S	
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SERVICES         S         M         T         W         T         F         S         SERVICES         S         M         T         W         T         F           HOME-MAKING         Image: Control of the cont	oro Dle
HOME-MAKING       PERSONAL CARE         Vacuuming       Bath (circle One)         Dust/Damp/ Mob       Tub/Bed/Shower         Kitchen       Foot Care         Dishes       Hair Care         Bathroom       Shampoo         Make/Change Bed       Shave         Empty Trash       Oral Care         Meal Preparation       Clean Dentures         Laundry (Wash)       Skin Care         Laundry (Put away)       Assist with Dressing         Empty Commode       Check Pressure areas         Nail care       CHANGES IN	
Dust/Damp/ Mob  Kitchen  Foot Care  Foot Care  Dishes  Hair Care  Bathroom  Make/Change Bed  Empty Trash  Meal Preparation  Laundry (Wash)  Laundry (Put away)  Empty Commode  Check Pressure areas  Nail care  CHANGES IN	
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ERRANDS Skin Care (Circle One)	
Shopping Dry/Red/Bruised	
Prescription Pick-up Broken, Itchy	
Accompany to appt Swelling in: Hands/Feet	
Legs (R/L	-
COMMENTS:	
Client's Signature/Date:	/
HHA Signature/Date:	/

NOTE: This is a legal document and your signature verifies the work has been done. Form must be signed by client and staff. USE OF WHITEOUT TO CORRECT TIMESHEET IS NOT ALLOWED AND WILL RESULT IN HOURS NOT PAID TIMESHEETS ARE DUE IN THE OFICE EVERY MONDAY BY 12:00 NOON. NO EXCEPTIONS