



# HEMOCARE SERVICES

25 Newbridge Road, Ste. #302, Hicksville, NY 11801  
Tel: 516.367.2266 • Fax: 516.367.1067

## TIME AND ACTIVITY RECORD (DUE EVERY MONDAY)

Employee's Name: sarita ramdin  
Client's Name: Nacewari Ramdin

Employee Last Four of SSN#: 1903  
Week Ending Date (Friday): \_\_\_\_\_

DAY	DATE	TIME STARTED	TIME FINISHED	TOTAL HOURS	CLIENT INITIAL
SUN	2/28/21	6 pm	10:30pm	4.5	NR
MON	3/1/21	6pm	10:30pm	4.5	NR
TUE	3/2/21	6pm	1:30 pm	4.5	NR
WED	3/3/21	6pm	10:30pm	4.5	NR
THU	3/4/21	6pm	10:30pm	4.5	NR
FRI	3/5/21	6pm	10:30pm	4.5	NR
SAT	3/6/21	6pm	10:30 pm	4.5	NR

DAY	SUN	MON	TUE	WED	THU	FRI	SAT
DATE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
<b>PERSONAL CARE TASKS (CODE)</b>							
1. Bathing (shower/sponge) (101)			y		y		
2. Mouth/Dentures Care (106)							
3. Hair Care (107)							
4. Shave (109)							
5. Nail Care (clean & file only) (110)							
6. Dressing/Clothing (111)							
7. Skin Care (112)							
8. Toileting—Includes Diapers (117)							
9. Transfer Assistance (300)							
10. Walking Assistance (301)		y	y	y			
11. Hoyer Lift (305)							
12. Turning Position (311)							y
13. Medication Reminder (411)	y	y	y	y	y	y	
<b>NUTRITIONAL TASKS (CODE)</b>							
14. Provide Meals (cook/serve)	y	y	y	y	y	y	y
Breakfast (202)							
Lunch (203)							
Dinner (204)							
15. Feeding Assistance (206)							
<b>ACTIVITIES OF DAILY LIVING (CODE)</b>							
16. Change Linens (500)	y					y	
17. Laundry (501)							
18. Clean Client's Living Area (502)					y	y	
19. Clean Patient Care Equipment (505)							
20. Food Shopping/Errands (506)							

I certify that the supplied information is accurate, the hours shown represent my total hours worked in this assignment during the week and they are properly verified by the participant or authorized representative.

CHECKS WILL NOT BE RELEASED WITHOUT COMPLETED AND SIGNED ACTIVITY RECORD!  
sarita ramdin Nacewari Ramdin

Employee Signature

Client Signature

Office Use Only:

Verified by:

Date Verified:

Total Hrs/Days:

Pay Amt:

Ck #

Date: