	GALAXY
6	HOME CARE LLC
	Your Satisfaction is Our Goal

TIME SHEET

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UHLER, ETHEL

Client Address:

1290 ALLENTOWN RD

Staff Last Name, First Name (PRINT NEATLY)

VIRGINIA, WAMPOLE

Offic	e U	se:
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Client ID:

201149477

Staff Assignment ID:

100015

DATE	IN	OUT	TOTAL HOURS
01/11/2023	08:00 am	02:00 pm	6

I, the below signee, confirm and verify the **Galaxy Home Care staff** has worked the hours shown above and the activities marked were performed on the day indicated.

Client Signature

E Joseph I Herr

I certify that the documented during the visit hours shown above represent hours worked, and they were properly confirmed by the client or an authorized representative. Travel time, breaks and lunches were taken and recorded in a log which must be provided to my employer for processing. If I choose not to provide the log. I'll be paid for travel time, breaks and lunches in accordance with coordinated schedule and employer policies.

Agency Staff (HHA) Signature



Duty ID	Activity	Performed	Duty ID	Activity	Performed
115	Meal Preparation	Duty ✓	209	Hair Care-Comb	Duty
116	Housework/Chore		210	Hair Care-Shampoo	
118	Managing Medications		211	Grooming-Shave	
119	Shopping		212	Grooming-Nails	
120	Transportation	V	213	Dressing	V
122	Hygiene	$\overline{\Diamond}$	214	Skin Care	
123	Dressing Upper		215	Foot Care	$\overline{\square}$
124	Dressing Lower		216	Toileting-Diaper	
126	Transfer		221	Prepare-Breakfast	\checkmark
127	Toilet Use		222	Prepare-Lunch	▽
128	Bed Mobility		223	Prepare-Dinner	\checkmark
129	Eating		224	Prepare Snack	$\overline{\checkmark}$
134	Bathing	V	229	Assist with walking	Y
137	Lotion/Ointment	V	246	Patient Laundry	Y
138	Laundry	ightharpoons	247	Light Housekeeping	\triangleright
140	Supervision/Coaching/Cueing		252	Monitor Patient Safety	V
205	Bath-Shower	\triangleright			
			Comments: Sometime	es I work till 2:30 -3 pm.	
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- (1.) We will not accept any progress note that does not match the care plan in the client's home.
- (2.) Times and activities must be completed on each shift. Report any changes or Observations to supervisor and document changes and conversations with supervisor in the comments area.
- (3.) Do not do anything that is not in client's care plan.

TIMESHEET INSTRUCTIONS

> Timesheets must be completed during the visit hours and signed by client for each visit.

Instructions to Install HHAeXchange App for Clock IN & OUT:

Step 1: Please go to Apps Store then search for "HHAeXchange" and Install the App.

Step 2: After installing the app, you need to Sign Up,

N.B.: If you need more information follow the below video link:

Video link: https://www.youtube.com/watch?v=P44VDhwPupg

Step 3: After creating Login Information, please update your Profile in HHAeXchange. You need to click the top right corner 3 dots sign to update your profile.

Step 4: Make sure all information is correct. After putting in all the information you will get the Mobile ID number, please take a Screenshot and send it to me to connect you to our Agency.

How to Clock IN & OUT using Client Phone:

Step	1:	You need to	Dial#	833	-369-	1211 fron	n the	Client's	Phone.
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Step 2: Press 1 for Clock IN and Press 2 for Clock OUT

Step 3: You need to put your Assignment ID which is

Step 4: You need to put at least 4 Duty IDs while you will Clock OUT which are as below:

Duty ID's: 115, 116, 118, 119, 120, 123, 124, 126, 127, 128, 134, 137, 138, 139, 140, 204, 205, 206, 209, 212, 213, 214, 215, 216, 221, 222, 223, 224, 229, 231, 243, 245, 247, 252

Step 5: After putting duty IDs, you need to Press "000" to end the Call.

How to Clock IN & OUT using Mobile App:

Video Link: https://youtu.be/oLOkNj8 hds

Work Schedule:

Day	Time	AM/PM	То	Time	AM/PM
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

NOTE: This timesheet requires signatures from the client for each day of your visit. Please have them sign at the end of your visit. Agency IVR/EVV Number: **1-833-369-1211**

