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| **R.G.U.S., Inc.** | | | |  | | **Caregiver's Timesheet** | | | | | | | | |
|  | |  | | | | | | | | |
| 3340 W.Dundee Rd., suit 2C2-5 | | | |  | | Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_year | | | **Client's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Northbrook, IL 60062 | | | |  | |  | | | | | | | | |
| Ph.: 847-291-8404; Fax: 847-291-8405 | | | |  | | Homecare □ Respite □ DHS □ Private Duty □ | |  | **Caregiver's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Website: www.homecare-rgus.com | | | |  | | **Please use the following codes if the Plan of Care Tasks are not performed.** | | | | | |  |  | |
| **Codes: (RT)-**Client refusing task; **(B**)-Client is able to do for self; **(C**)-Family is doing the task; **(ND**)-Not Done today | | | | | | | | | |
|  | **Service schedule:** | |  | | **Plan of Care Tasks:** | | **(FA)-**Full Assistance; **(A )-**Assistance required; **(R)-**Reminded to perform the task | | | | | | |

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| **Date** | **Time In** | **Time Out** | **Hours** | **Eating** | **Bathing** | **Grooming** | **Dressing** | **Transferring** | **Continence** | **Telephoning** | **Prep. Meals** | **Laundry** | **Housework** | **Routine Health** | **Assit. Outside** | **Being Alone** | **Transportation** | **Errands** | **Client's signature** |
| 15 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Total Hours Worked:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Client's Notice**: By my signature I certify that Caregiver named herein have provided services and tasks as specified in my Plan of Care on the date above for the hours specified above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
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| **Caregiver's Notice**: By my signature I certify that I have worked this week(s) without an accident or injury, and I have provided services and tasks as specified above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |
| □ Check box if employee injury occurred (must notify supervisor) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |
| **R.G.U.S., Inc. Caregiver's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **R.G.U.S., Inc. Supervisor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **R.G.U.S., Inc.** | | | | | | | | | | | |  | | | | **Caregiver's Timesheet** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3340 W.Dundee Rd., suit 2C2-5 | | | | | | | | | | | |  | | | | Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_year | | | | | | | | | | | | | | | | | | | | | | | | **Client's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | |
| Northbrook, IL 60062 | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ph.: 847-291-8404; Fax: 847-291-8405 | | | | | | | | | | | |  | | | | Homecare □ Respite □ DHS □ Private Duty □ | | | | | | | | | | | | | | | | | | | | |  | | | **Caregiver's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | |
| Website: www.homecare-rgus.com | | | | | | | | | | | |  | | | | **Please use the following codes if the Plan of Care Tasks are not performed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
| **Codes: (RT)-**Client refusing task; **(B**)-Client is able to do for self; **(C**)-Family is doing the task; **(ND**)-Not Done today | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Service schedule:** | | | | | | | | |  | | | | | **Plan of Care Tasks:** | | | | | | | | | | | | | **(FA)-**Full Assistance; **(A )-**Assistance required; **(R)-**Reminded to perform the task | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Date** | **Time In** | **Time Out** | **Hours** | **Eating** | **Bathing** | **Grooming** | **Dressing** | **Transferring** | **Continence** | **Telephoning** | **Prep. Meals** | **Laundry** | **Housework** | **Routine Health** | **Assit. Outside** | **Being Alone** | **Transportation** | **Errands** | **Client's signature** |
| 1 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | am  pm | am  pm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Total Hours Worked:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Client's Notice**: By my signature I certify that Caregiver named herein have provided services and tasks as specified in my Plan of Care on the date above for the hours specified above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
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| **Caregiver's Notice**: By my signature I certify that I have worked this week(s) without an accident or injury, and I have provided services and tasks as specified above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |
| □ Check box if employee injury occurred (must notify supervisor) | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |
| **R.G.U.S., Inc. Caregiver's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **R.G.U.S., Inc. Supervisor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |