

HHA  PCA  CDPAS



250 Avenue X, Brooklyn, NY 11223  
 Phone: 718-484-4900  
 Fax: 877-624-4202  
 timesheet@magichcny.com  
 Magichomecareny.com

CLIENT'S NAME: \_\_\_\_\_ EMPLOYEE'S NAME: \_\_\_\_\_

CLIENT'S ADDRESS: \_\_\_\_\_ EMPLOYEE'S ID#: \_\_\_\_\_

<input type="checkbox"/> Mark this box for "Live In"	Week Starting		Summary of Activities & Timesheet						Week ending		Weekly Total Hours ↓		
	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.						
<b>DATE:</b>	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /				
<b>TIME STARTED:</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM				
<b>TIME FINISHED:</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM				
<b># OF HOURS WORKED:</b>													
<b>Meals &amp; Food Preparation</b>													
Breakfast													
Lunch													
Dinner													
Snack													
Fluids													
Special Diet													
Record food/fluid intake													
<b>Mobility</b>													
Ambulation													
Walker/crutches/cane													
Wheelchair													
Transfers-self/assist/Hoyer lift													
Complete bed rest/tum even every 2 hours													
Range of motion/exercise													
Apply assistance orthopedic devices													
<b>Hygiene</b>													
Bed Bath													
Tub													
Shower													
Mouth Care													
File Fingernails/Toenails													
Shampoo Hair													
Skin Care													
<b>Elimination</b>													
Toilet													
Diapers													
Commode													
Bedpan/Urinal													
Catheter care													
Assist with ostomy bag													
Record output													
<b>Home Environment</b>													
Linen Change													
Laundry													
Light housekeeping													
Grocery Shopping													
<b>Other</b>													
Monitor patient safety													
Accompany outdoors													
Accompany to medical services													
Remind patient in taking medication													
Errand in neighborhood													
<i>Unlisted (please specify)</i>													
<b>Signatures:</b>	.....		.....		.....		.....		.....		.....		<i>Office Use Only</i>
	Aide	Patient	Aide	Patient	Aide	Patient	Aide	Patient	Aide	Patient	Aide	Patient	

Time sheet approved by \_\_\_\_\_ on \_\_\_\_\_ Date  
 Initials  
 Time sheet Not approved by \_\_\_\_\_ on \_\_\_\_\_ Date  
 Reason

Employee acknowledges and certifies that employee has actually worked the number of hours during the period set forth and as further certified by the signature of a customer or his/her authorized agent. Patient acknowledges that the hours set forth were actually worked and that such work was performed in a satisfactory manner.