



# CALIFORNIA MEDICAL CAREGIVER SERVICES

6507 Winnetka Avenue, Winnetka, CA 91306 ■ Tel.No. 818-888-0700 ■ Fax No. 818-888-1900

## TIME SHEET (V.A.)

Client's Name \_\_\_\_\_ Week Beginning \_\_\_\_\_

Worker's Name \_\_\_\_\_ Title \_\_\_\_\_

DATE	Sun		Mon		Tue		Wed		Thurs		Fri		Sat	
DAY	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time In														
Time Out														

\*\*\*Please check any assistance with Activities of Daily Living you give to client ONLY\*\*\*

### Personal Care

Shower / Bed bath														
Shampoo hair														
Shave client														
Mouth care														
Dressing Assistance														

### Eating

Prepare / Serve meal														
Assist Feeding														

### Toileting

Bedpan / Urinal														
Assist to bathroom/Commode														
Check / Change Diaper														
Foley Catheter														

### Activity

Walks w/out assistance														
Uses cane/walker/crutches														
Walks w/assistance														
Reposition														
Assist to chair/wheelchair														
Assist w/Ted Hose														
Remind medications														

### Other Activities

Errands:Where?														
Escort to appointments:Where?														
Make beds														
Change Linens														
Clean kitchen/bathroom														
Laundry														
Light housekeeping														
Maintain clean/safe environment														
Clear pathways														

### Vital Signs

Temp/Pulse/Respiration														
Blood Pressure														
Weight														

<b>Total No. of Hours</b>														
<b>Client's Signature*</b>														

NOTES: \_\_\_\_\_ (additional notes can be written at the back)

Worker's/Caregiver's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*By signing this Weekly Care Plan (Timesheet), Client and/or responsible party confirms weekly payment for nursing services to CALMED, and/or further re-affirm CALMED-Client Service Agreement; Client and/or family members agree(s) not to hire or encourage hiring CALMED Caregivers privately (directly). \*\*\*Caregiver, by signing agrees never to convey or accept direct hiring by client or by any family members. \*\*\*Note: For hourly services, minimum hours per visit is 4 hours, that is, services whether utilized less than 4 hours shall be assessed (billed) a total of 4 hours. (SUBMISSION: By 12 noon MONDAY of EACH WEEK!!!)