



<b>OFFICE USE ONLY</b>	Program: <b>RESPIRE CARE</b>	<b># Hours:</b>
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<b>CLIENT:</b>	<b>EMPLOYEE:</b>									
Client/Employee signatures verify that hours worked and services provided are accurately documented here.  MONTH: _____ YEAR: _____	<b>DAY</b>	Mon	Tue	Wed	Thur	Fri.	Sat	Sun	<b>TOTAL HOURS</b>	
	<b>DATE:</b>									
	Time In									
Time Out										

<b>HOURS WORKED</b>									
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<b>ACTIVITIES COMPLETED WITH CLIENT</b>	<b>Initials</b>	<b>Notes:</b> Please list activities you have done with client that are not bullet listed on this time sheet.
PROVIDE SUPERVISION/SAFETY FOR CLIENT WHILE CAREGIVER IS GONE		
PROVIDE ASSISTANCE WITH ADLS: EXPLAIN ON NOTES SECTION		
PROVIDE ASSISTANCE WITH RECREATIONAL ACTIVITY: EXPLAIN ON NOTES SECTION		
LIGHT HOUSEKEEPING		
BREAK FOR CAREGIVER		

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Responsible Party/Guardian Signature:** \_\_\_\_\_ **For the Week of:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**TIME SHEETS ARE DUE THE END OF LAST WORK DAY OF THE WEEK: FAX THEM TO 952-953-0187 OR EMAIL THEM TO abdifatah.kofiro@independentlivingpartners.com. THANK YOU.**