  
Homemaker (HMKR) Time Activity Documentation

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Week 1 | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Week 2 | Thu | Fri | Sat | Sun | Mon | Tue | Wed |
| Month/Day/Year |  |  |  |  |  |  |  | Monthly/day/year |  |  |  |  |  |  |  |
| Time In Am/Pm |  |  |  |  |  |  |  | Time In |  |  |  |  |  |  |  |
| Time out Am/Pm |  |  |  |  |  |  |  | Time Out |  |  |  |  |  |  |  |
| Total Daily Hrs |  |  |  |  |  |  |  | Total Daily Hrs |  |  |  |  |  |  |  |
| Supports | | | | | | | | Supports | | | | | | | |
| Errands |  |  |  |  |  |  |  | Errands |  |  |  |  |  |  |  |
| Laundry & ironing |  |  |  |  |  |  |  | Laundry & ironing |  |  |  |  |  |  |  |
| Meal preparation |  |  |  |  |  |  |  | Meal preparation |  |  |  |  |  |  |  |
| Cleaning, sweeping, mopping, dusting |  |  |  |  |  |  |  | Cleaning, sweeping, mopping, dusting |  |  |  |  |  |  |  |
| Cleaning stoves, microwaves and refrigerators |  |  |  |  |  |  |  | Cleaning stoves, microwaves and refrigerators |  |  |  |  |  |  |  |
| Washing dishes |  |  |  |  |  |  |  | Washing dishes |  |  |  |  |  |  |  |
| Changing linens and making beds |  |  |  |  |  |  |  | Changing linens and making beds |  |  |  |  |  |  |  |
| Arranging for transportation |  |  |  |  |  |  |  | Arranging for transportation |  |  |  |  |  |  |  |
| Shopping for food, clothing |  |  |  |  |  |  |  | Shopping for food, clothing |  |  |  |  |  |  |  |
| Organizing closets and drawers |  |  |  |  |  |  |  | Organizing closets and drawers |  |  |  |  |  |  |  |
| Planning meals, shopping |  |  |  |  |  |  |  | Planning meals, shopping |  |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |  | Others |  |  |  |  |  |  |  |

Acknowledgement and Required Signatures: After the HMKR documented his/her time and activity, the supervisor must draw a line through any dates and times the employee did not work. Review the completed timesheet for accuracy before signing. Entry of false information will lead to strict discipline, up to termination. Your signature verifies the time and services entered above are accurate and that the services were performed as directed by the supervisor.

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| Print HMKR Name: | Provider: | Please use standard 12 hr. time and indicate AM and PM.  HMKR: Initial each box in which supports were provided by you for each visit. are due on |
| HMKR Signature: | Date: |
| Print Client Name | MA # or DOB: | OFFICE USE ONLY |
| Client or Responsible Party Signature: | Date: | Two Week Total: |

HMKR Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Is there change of address of HMKR or Client address? \_\_\_\_\_\_\_ . If yes, please update address below.