



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.

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 Two Week Total:
Client or Responsible Party Signature:	Date:	

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