

Instant Care

You must notify the office if your member has been admitted to the hospital, SNF or is out of town or on vacation. Caregivers are not allowed to bill for hours when services haven't been provided. Billing for services not provided will be grounds for immediate termination.

Office Staff Time Sheet

PRINT - Attendant Name: _____

Phone#: _____

PRINT - Client Name: _____

Phone #: _____

FIRST WEEK OF PAY PERIOD

	Thurs.	Fri.	Sat.	Sun.	Mon.	Tue.	Wed.
Write in the Date -							
Start Time:							
End Time:							
Daily Total Time:							

SECOND WEEK OF PAY PERIOD

	Thurs.	Fri.	Sat.	Sun.	Mon.	Tue.	Wed.
Write in the Date -							
Start Time:							
End Time:							
Daily Total Time:							

CHECK DUTIES PERFORMED

	Thurs.	Fri.	Sat.	Sun.	Mon.	Tue.	Wed.
Meal Prep/ Feeding							
Housekeeping/Laundry							
Shopping							
Bathing/Dressing/Grooming							
Mobility/Transfer							
Toileting							
Supervision							

Attendant - Verifies that the time shown is true/correct and was worked by myself during the weeks indicated and was properly certified by the client or client's representative.
Client – Certifies that the employee worked the time indicated and the work was performed in a satisfactory manner.

Attendant Signature: _____

Date: _____

Client Signature: _____

Date: _____

**Total Hours
For Pay Period**

Client Comments: Medical Condition

Good _____ Fair _____ Poor _____

Comments: _____

ATTENTION: All timesheets must be turned into the office by Fax: (602) 993-0795, or by email: Info@Instantcareaz.com, every other Wednesday before 12 noon. NO EXCEPTIONS ALLOWED!!!!!!!!!!