

PLEASE DO NOT FORGET TO DATE AND SIGN



## DSS Homecare – Weekly Timesheet (Per Client Detail)

Caregiver Name \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

### How to Use the Service Codes

In the “**Service Provided**” column, write the code(s) that match the task(s) you performed for each client that day. You may use more than one code if you provided multiple types of companionship services.

Example: If you spent time talking, playing a game, and doing a craft, write: C1, C2, C3

Refer to the Companion Care Service Codes chart at the bottom of the timesheet for reference. Only include the services you actually performed with the client.

Thursday   /  /  

Client Name	Time In	Time Out	Total Hrs	Service Provided

Friday   /  /  

Client Name	Time In	Time Out	Total Hrs	Service Provided

*“The **CARE** you need. The **COMPASSION** you deserve.”*

Saturday \_\_/\_\_/\_\_

Client Name	Time In	Time Out	Total Hrs	Service Provided

Sunday \_\_/\_\_/\_\_

Client Name	Time In	Time Out	Total Hrs	Service Provided

Monday \_\_/\_\_/\_\_

Client Name	Time In	Time Out	Total Hrs	Service Provided

Tuesday \_\_/\_\_/\_\_

Client Name	Time In	Time Out	Total Hrs	Service Provided

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Wednesday   /  /  

Client Name	Time In	Time Out	Total Hrs	Service Provided

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>C1-Active Listening &amp; Conversation</b>	<b>C2-Games &amp; Puzzles</b>
<b>C3-Arts &amp; Crafts</b>	<b>C4-Music Engagement (Listening or Singing)</b>
<b>C5-Reading Aloud</b>	<b>C6-Watching TV/Movies Together</b>
<b>C7-Enrichment Activities (Facility Based Programs)</b>	<b>C8-Walking Around/Encouraging Light Movement (if safe)</b>
<b>C9-OTHER (PLEASE EXPLAIN IN THE "SERVICE PROVIDED" COLUMN)</b>	

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