


Ideal Homecare Agency LLC
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Worker Bi-Weekly Visit Timesheet
 Employee's Name: _____ Phone: _____
 Consumer's Name: _____
 Pay Period Start Date: _____ Pay Period End Date: _____

Services	Week 1							Week 2							Signatures		
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	Week 1		
Bathing															Day	Consumer	Employee
Toileting															S		
Lotion / Ointment															M		
Dressing															T		
Oral Care / Dentures															W		
Range of Motion															T		
Supervision / Coaching															F		
Hair Care															S		
Transfers															Week 2		
Laundry / Fold															Day	Consumer	Employee
Light Housekeeping															S		
Meal Preparation															M		
Feeding															T		
Shopping															W		
Reminding Medicine															T		
Reading/Writing															F		
Finance Mgmt.															S		
Socialization															Supervisor / Manager		
Scheduling Appmt.															Total Hours / Units: <input type="text"/>		
Phone / Com. devices																	
Secure Transportation																	
Get Seasonal Clothing																	
Bowel / Bladder Mgmt.																	
Supervised Walks																	
Other																	
	Week 1 Hrs: _____							Week 2 Hrs: _____									

Employee MUST FOLLOW SERVICE PLAN EXACTLY AS ORIENTED.

Week 1	Date →	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Time-in							
	Time-out							
	Hours							

Week 2	Date →	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Time-in							
	Time-out							
	Hours							

[Download more Timesheets from www.idealhca.com](http://www.idealhca.com)



Starting **01/01/2021**, **we will not Accept any Timesheets.** Please use either of our EVV systems: **HHExchange App** or Call from **Participant's Home Phone** to Clock in and Clock Out. Should you have any questions please feel free to call us at **412-653-3938.**