

Faith and Hope Independent Living, LLC

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 Clinton, LA 70722
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 Fax: 225-683-1033

83 South Main Street
 Greensburg, LA 70441
 Phone: 225-222-3243
 Fax: 225-222-3263

200 Washington Street, STE 1-A
 Monroe, LA 71202
 Phone: 318-388-6808
 Fax: 318-388-6893

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Total Hours for Week: _____

Client's Name: _____

Contractor's Name: _____

Print

Signature

Client/Guardian's Signature: _____

Signature

****** This is a legal document. DO NOT USE WHITE-OUT or PENCIL ******

Please Note: Your signature verifies that you worked the hours listed on the timesheet. You also acknowledge that you understand it is unlawful to falsify time and that you may be prosecuted should deliberately list hours you did not work. Timesheets will not be accepted without the client's signature. Timesheets submitted after the deadline will not be processed until the following pay period. **NO EXCEPTIONS.** In addition to possible termination and/or prosecution, should you list time that you are not eligible to work (for example, client in the hospital, long-term care facility, and hospice) and are paid for the time, you will be required to work out reimbursement to the agency. **NO EXCEPTION.** Faxed copies of this document are not accepted for the official billing process. **DO NOT** use a pencil to complete this form. All errors require one line drawn through the entry with the employee's initials next to the line. Do not round up or round down your time. Enter the exact time you report to work. No exceptions.

****** Please return to office by 12:00 PM, Monday******

Faith and Hope Independent Living, LLC

Faith and Hope Independent Living Weekly Progress Notes

Week Of: _____ to _____

Client Name: _____

Contractor Name: _____

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Hours for Week						

<i>Please place your initials or check box under the completed tasks</i>															
	S	M	T	W	T	F	S		S	M	T	W	T	F	S
Bathing								Sweep							
Dressing								Mopping							
Grooming								Garbage Disposal							
Toileting								Dishes							
Transferring								Clean Bedroom							
Ambulation								Clean Bathroom							
Meal Prep								Change Bedding							
Meal Storage								Laundry							
Grocery Shopping								Dusting							

<i>Medical Appointments/Community Outings</i>	
Sun	
M	
T	
W	
THUR	
F	
Sat	

Recipient/Personal Representative Signature Date

Contractor Signature Date

Faith and Hope Independent Living, LLC

Faith and Hope Independent Living Weekly Progress Notes

Week Of: _____ to _____

Client Name: _____

Contractor Name: _____

	<i>Progress Notes to be completed Daily!!</i>
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	