

Faith and Hope Independent Living, LLC - TIMESHEET

Faith and Hope Independent Living Weekly Progress Notes

Week of: _____ to _____

Client Name: _____

Contractor Name: _____

Day	Date	PCS Time-In	PCS Time-Out	IHR Time-In	IHR Time-Out	Total Hours	Client/ Guardian's Daily Signature	Client/ Guardian's Daily Date
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

Total Hours for Week

Please place your initials or check box under the completed tasks

	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							

Medical Appointments/Community Outings

Sun	
M	
T	
W	
THUR	
F	
Sat	

For Office Personnel Use Only

Received by _____

Audit Staff/Supervisor Signature

Stamped Area

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Week of: _____ to _____

Client Name: _____

Contractor Name: _____

<i>Progress Notes to be completed Daily!!</i>		
Sunday	OTP-IN _____ OTP-IN _____ OTP-IN _____	OTP- OUT _____ OTP- OUT _____ OTP- OUT _____
Monday	OTP-IN _____ OTP-IN _____ OTP-IN _____	OTP- OUT _____ OTP- OUT _____ OTP- OUT _____
Tuesday	OTP-IN _____ OTP-IN _____ OTP-IN _____	OTP- OUT _____ OTP- OUT _____ OTP- OUT _____
Wednesday	OTP-IN _____ OTP-IN _____ OTP-IN _____	OTP- OUT _____ OTP- OUT _____ OTP- OUT _____
Thursday	OTP-IN _____ OTP-IN _____ OTP-IN _____	OTP- OUT _____ OTP- OUT _____ OTP- OUT _____
Friday	OTP-IN _____ OTP-IN _____ OTP-IN _____	OTP- OUT _____ OTP- OUT _____ OTP- OUT _____
Saturday	OTP-IN _____ OTP-IN _____ OTP-IN _____	OTP- OUT _____ OTP- OUT _____ OTP- OUT _____