HOMEMAKER TIME AND ACTIVITY DOCUMENTATION

HMONG HOME HEALTH CARE, INC.
Ph: 651-488-1680 F: 651-488-4087

RECIPIENT NAME (FIRST, MI, LAST)	RECIPIENT DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
HOMEMAKER NAME (FIRST, MI, LAST)		HOMEMAKER SIGNATURE	DATE

Dates of Service (in consecutive order)	**MON** (MM/DD/YY)	**TUE** (MM/DD/YY)	**WED** (MM/DD/YY)	**THU** (MM/DD/YY)	**FRI** (MM/DD/YY)	**SAT** (MM/DD/YY)	**SUN** (MM/DD/YY)	**MON** (MM/DD/YY)	**TUE** (MM/DD/YY)	**WED** (MM/DD/YY)	**THU** (MM/DD/YY)	**FRI** (MM/DD/YY)	**SAT** (MM/DD/YY)	**SUN** (MM/DD/YY)

DUTIES COMPLETED	**WEEK 1**							**WEEK 2**						
Clean Bathroom														
Clean Kitchen														
Vacuum														
Dust														
Dishes														
Laundry														
Remove Trash														
Change Linen														

VISIT ONE

TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

VISIT TWO

TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Daily Total (Hours)														
	Total Hours							Total Hours						

Please use BLACK ink only
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