

# CareGivers America Weekly Timesheet & Care Record

**EVV Non-Use Reason Codes:**  
 1 – DCW failed to clock in and/or out  
 2 – Client will not let DCW use phone/client does not have phone  
 3 – Phone in use by client  
 4 – Client's phone line not working  
 5 – Client received services outside of the home  
 6 – DCW unable to use mobile device

Customer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>Date (mm/dd/yy)</b>							
<b>Time In</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Time Out</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Location</b>	<input type="checkbox"/> Home <input type="checkbox"/> Community	<input type="checkbox"/> Home <input type="checkbox"/> Community	<input type="checkbox"/> Home <input type="checkbox"/> Community	<input type="checkbox"/> Home <input type="checkbox"/> Community	<input type="checkbox"/> Home <input type="checkbox"/> Community	<input type="checkbox"/> Home <input type="checkbox"/> Community	<input type="checkbox"/> Home <input type="checkbox"/> Community
<b>EVV Non-Use Reason</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
<b>Travel Minutes</b>							
<b>Other</b>							
<b>Employee Signature:</b>							
<b>Client Signature:</b> <i>Verifies accurate day/time</i>							

*X = Task/outcome/goal performed*

*R = client refused task/goal*

Care Plan Outcomes & Goals	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Bath/Shower <sup>10</sup>							
Bed Bath/Sponge Bath <sup>11</sup>							
Toileting <sup>12</sup>							
Incontinent Care <sup>13</sup>							
Grooming/Hair Care <sup>14</sup>							
Oral Care <sup>15</sup>							
Shaving <sup>16</sup>							
Skin Care/Changes in Skin <sup>17</sup>							
Dressing/Undressing <sup>19</sup>							
Prepare for Bed <sup>20</sup>							
Dust, Mop, Sweep, Vacuum <sup>21</sup>							
Bathroom Cleaning <sup>23</sup>							
Kitchen Chores/Dishes <sup>24</sup>							
Trash Removal <sup>25</sup>							
Laundry/Ironing <sup>27</sup>							
Change Bed Linens <sup>28</sup>							
Meal Preparation <sup>29</sup>							
<b>Progress on outcomes/goals:</b>	<input type="checkbox"/> Making Progress <sup>6</sup> <input type="checkbox"/> Maintaining Progress <sup>44</sup> <input type="checkbox"/> Regressing (*notify office) <b>Outcome Phrase:</b> _____						
<b>Service:</b>	<input type="checkbox"/> PAS <input type="checkbox"/> In Home & Community Supports <input type="checkbox"/> Companionship <input type="checkbox"/> Respite <input type="checkbox"/> Community Participation Supports <input type="checkbox"/> Other: _____						

Care Plan Outcomes & Goals	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Assist with Feeding <sup>30</sup>							
Transfer/Positioning <sup>33</sup>							
Ambulation <sup>36</sup>							
Assist with Exercise <sup>37</sup>							
Medication Reminder <sup>38</sup>							
Safety, Oversight, Supervision <sup>52</sup>							
Errands/Shopping <sup>58</sup>							
Use Assistive Devices <sup>63</sup>							
Dietary Guidance <sup>64</sup>							
Money Management Skills <sup>65</sup>							
Behavior Intervention <sup>67</sup>							
Home Based Safety Skills <sup>69</sup>							
Community Safety Skills <sup>70</sup>							
Personal Hygiene Skills <sup>75</sup>							
Socialization/Peer Interaction <sup>79</sup>							
Outdoor Recreation <sup>88</sup>							
Independent Living Skills <sup>97</sup>							

**Activities Description (should support outcomes identified in the ISP/Care Plan):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer MA ID#: \_\_\_\_\_

Frequency of Care: \_\_\_\_\_

Yellow Copy: Client | White Copy: CGA