**CAREGIVER WEEKLY TIMESHEET**

**CAREGIVER INSTRUCTIONS**
1. Complete a new timesheet each week.
2. Indicate in EVERY box EACH day the level of assistance provided ON THAT DAY using the Charting Key to the right.
3. Enter the start & end times, number of hours worked, and total pay EVERY day along with a weekly total pay at the end.
4. Write a daily note describing the insured’s care needs, problems, appointments, important events, or change in condition.
5. Print your name, relationship to insured, sign, and date the completed form

**CHARTING KEY**
- X = Not done today
- I = Insured performed task independently
- S = Supervise/ Standby Assist within arm’s reach
- A = Hands-on Assistance required to complete task

**Activity** | **Date** | **Reimbursement Rate** $__/ Hour or Day | **Feed** | **Bath** | **Dress** | **Toilet / Continent** | **Walk / WC** | **Transfer** | **Meds** | **Meal Prep** | **Clean & Laundry** | **Shop & Transport**
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Monday | _/_/_ | Time In | | | | | | | | | |
 Tuesday | _/_/_ | Time In | | | | | | | | | |
 Wednesday | _/_/_ | Time In | | | | | | | | | |
 Thursday | _/_/_ | Time In | | | | | | | | | |
 Friday | _/_/_ | Time In | | | | | | | | | |
 Saturday | _/_/_ | Time In | | | | | | | | | |
 Sunday | _/_/_ | Time In | | | | | | | | | |

**TOTAL WEEKLY PAY** $_________

**Insured / Representative InInstructions:**
1. Verify the accuracy of the services provided and reimbursement information above.
2. Complete the form with your name, date, and signature.

**I Certify that the above information is true and correct. I know it is a crime to complete this form with information I know is false or to omit any facts I know are important**

Print Insured / Legal Representative Name __________________________ Signature ______________________ Date ______________

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If you have any questions, please call 877-450-5824