

EMPLOYEE PRINT NAME _____

CONSUMER PRINT NAME _____



Cherish Homemaker / Home Mgmt
 2506 E Beltline - Hibbing, MN 55746

HOME MANAGEMENT TIME SHEET

PHONE: (218) 263-9000 FAX: (218) 263-8336 EMAIL: becca@cherished1.co

YEAR _____	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL HOURS
MONTH / DAY															
START TIME															
END TIME															
TOTAL HOURS															

Services Provided	USE AM OR PM - - - MARK WHICH ACTIVITIES YOU PERFORMED THAT VISIT <u>ACCORDING TO THE SERVICE PLAN</u>														
Kitchen															
Living Room															
Bathroom															
Bedroom															
Laundry															
Errands															
Meal Preparation															
Socialization															

Note all hospitalizations, incarcerations or care facility dates:

Staff will report to the responsible party and/or supervisor any changes in health or behavior that they notice while providing services.

Employee Signature _____

Date _____

Consumer/Responsible Party Signature _____

Date _____

Employee Phone _____

Consumer Phone _____

Signatures verify that the information entered above are accurate and were performed as specified in the consumer service plan and all duties were performed satisfactorily. **It is a Federal Crime to provide false information on billings for Medical Assistance payment. Cherished Home Management will investigate and report suspected fraud.**