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Client Signature:									

M	11/5	9:00am	1pm						4
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F	10/9	9am	1pm						4
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Client Signature:									

Client Name: JOHN DOE

1. Employee Name: YOUR NAME

2. Employee Name: \_\_\_\_\_

Week Ending: 11/10/18

Clean Bathroom									
Change/Make Bed			✓				✓	✓	
Clean Living Room									
Clean Appliances									
Dishes									
Clean Kitchen									
Meal Prep/Clean Up									
Laundry									
Dusting			✓					✓	✓
Sweep/mop/vacuum									
Empty Trash									
Shopping Errands								✓	
Ironing/Mending									
Correspondence									
Other									
Dietary Meals/Clean Up							✓		
Dressing Grooming									
Bathing/Pers. Hygiene									✓
Toileting/Continence									✓
Mobility/Transfer Asst.									✓
Asst. Self Admin. Meds							✓		
Med. Related HC Tasks									
Other									

Client Notes:

By signing below, I certify that this client received these services and all information is true and correct.

YOUR SIGNATURE

Employee 1 Signature

Employee 2 Signature

Employee's Supervisor Signature

Date

Loving Care Home Care of Canton - Client Sheet

5860 N. Canton Center Road, Suite 306

Canton, MI 48187, Ph: (734) 756-3979

One Client Sheet Per Client. If you have 2 clients = 2 client sheets