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| Loving Care Home Care of Canton<br>5860 N Canton Center Road, Suite 306<br>Canton, MI 48187 | <b>Weekly Time Sheet</b><br>Ph: (734) 756-3979              |
| <b>Caregiver Name:</b>  | <b>Week Ending (Sat) Date:</b>                              |
| <b>Phone:</b>   | The week is from Sun to Sat<br>You start a new sheet on Sun |

| Date:<br>Example: 7/1/14 | Client Name(s) (First/Last):<br>Do not let the client see this sheet HIPPA | Time In: | Time Out: | Total Hours: | Client Sheet Signed? |
|--------------------------|--|----------|-----------|--------------|----------------------|
| Sun:                     |  |          |           |              |                      |
| Mon:                     |  |          |           |              |                      |
| Tues:                    |  |          |           |              |                      |
| Wed:                     |  |          |           |              |                      |
| Thurs:                   |  |          |           |              |                      |
| Fri:                     |  |          |           |              |                      |
| Sat:                     |  |          |           |              |                      |
| Notes:                   | I agree the above information is correct<br>Sign & Date:                   |          |           | Total Hours: |                      |

**Time Sheet & Client Sheets are due at the office by 7pm Sunday. No Exceptions!**

ONLY ONE TIME SHEET PER WEEK! THIS IS A TIME SHEET. ONE CLIENT SHEET PER CLIENT PER WEEK (2 CLIENTS 2 CLIENT SHEETS)!

**Attention:** Submitting time sheets while a participant/client is in the Hospital/Rehab/Nursing Home/Vacation/Not At Home. will have fraud implications and will be reported to the Office of Inspector General (OIG). You CANNOT provide services when a participant/client is in the Hospital/Rehab/Nursing Home/Vacation/Not At Home.