



**DLB HEALTH**  
WEEKLY TIME SHEET

Client Name: \_\_\_\_\_

Week of: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr Mo Day Yr

Reason Code (RCTS)	
1.	Forgot to clock in/out
2.	EVV System not working
3.	Client Phone Disconnected/No Internet
4.	Client Refused EVV/Use of Phone

Attendant Name: \_\_\_\_\_ Attendant's Phone #: \_\_\_\_\_

Please Circle AM/PM Daily	FRI	SAT	SUN	MON	TUE	WED	THU
<b>Date</b>	/	/	/	/	/	/	/
<b>Time In</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>Time Out</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>*Reason Code (RCTS)</b>							
<b>Time In</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>Time Out</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>TASKS</b>							
500-Assist with Transfer							
501-Assist with Toileting							
502-Bathing							
503-Bladder/Bowel Routine							
504-Catheter Hygiene							
505-Change Linen							
506-Clean Bathroom							
507-Clean Floors							
508-Clean Kitchen							
509-Clean/Maintain Equipment							
510-Dressing & Grooming							
511-Essential Correspondence							
512-Essential Transportation							
513-Laundry (Home)							
514-Laundry (Off-site)							
515-Make Bed							
516- Meal Prep/Eating							
517-Medications							
518-Mobility Transfer							
519-Ostomy Hygiene							
520-Passive Range of Motion							
521-Tidy/Dust							
522-Trash							
523-Treatments							
524-Turning/Positioning							
525-Wash Dishes							
<b>Client's Signature (c)</b>							
<b>Attendant's Signature (A)</b>							
	C:	A:	C:	A:	C:	A:	C:

Was the Consumer Hospitalized for the week? Y \_\_\_ N \_\_\_ If Yes, Name of Hospital \_\_\_\_\_

By my signature, I certify that this client received these services and the above information is true and correct.

Attendant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note any scratch outs or lines through errors will void this timesheet.

