

Companions & Homemakers, Inc. PCA Timesheet

P.O. Box 568 Farmington, CT 06034-0568
Payroll / Billing (888) 844-4442 · Fax (860) 674-8978

Client Name: (Please Print)	Office:
Week Ending Date: (Always Saturday)	Employee Name: (Please Print)

PCA

PCA

PCA

	SUN	MON	TUES	WED	THURS	FRI	SAT
DATES →							
TIME IN	am pm	am pm	am pm	am pm	am pm	am pm	am pm
TIME OUT	am pm	am pm	am pm	am pm	am pm	am pm	am pm
DAILY TOTAL							

ADL/IADL CODES R - ROUTINE F - FREQUENT I - INTERMITTENT

ADLs							
Bathing							
Dressing							
Eating/Feeding							
Grooming							
Mobility/Walking							
Toileting/Bowel and bladder care							
Transferring							
IADLs							
Cueing/Reminders for self medication administration							
Housekeeping							
Laundry							
Meal Preparation/Planning							
Shopping							
Other							
Accompany to appointments							
Conversation							
Errands							
Mail/Correspondence							
Telephone Use							

CLIENT FULL SIGNATURE (or Legal Rep.) (DAILY):							
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MILEAGE:	WEEKLY TOTAL:
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*Client signature authorizes the billing of the above hours and that the hours are accurate. ***Please do not authorize in advance of service.

Employee Signature: _____ **Date:** _____