Intercommunity Home Health Care-27 E Franklin Ave – Minneapolis, MN 55404.

Ph: 612-435-0283 Fax: 612-338-1493

PERSONAL SUPPORT/RESPITE – AHS

Client Name

Employee Name

For the week of: Thursday thru Wednesday

Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Date:						
Time In:						
Time Out:						
Please indicate the program in which you worked for this day:	Please indicate the program in which you worked for this day:	Please indicate the program in which you worked for this day:	Please indicate the program in which you worked for this day:	Please indicate the program in which you worked for this day:	Please indicate the program in which you worked for this day:	Please indicate the program in which you worked for this day:
Personal Support						
Adult Companion						
Night Supervision						
Respite Daily						
Total Hours:						
Client/Responsible Party accurate and that the Clien	Total Hours for Week:					
EMPLOYEE SIGNAT	URE:	DATE SIGNED:	1			
CLIENT/RESPONSIE	DATE SIGNED:	-				

NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY THURSDAY BY 10:00 AM FOLLOWING THE WEEK WORKED. PLEASE CALL AFTER YOU SEND YOUR TIMESHEETS TO MAKE SURE THEY WERE RECEIVED. BLANK TIMESHEETS CAN BE FOUND AT OUR WEBSITE WWW.INTERCOMMUNITYHHC.ORG **REVISED NOV 2018**

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Client Name

_____ Employee Name _____

For the week of: Thursday ______ thru Wednesday ______

e In: • Out: lease indicate the	Date: Time In: Time Out:	Date: Time In: Time Out:	Date: Time In: Time Out:	Date: Time In:	Date: Time In:		
e Out: lease indicate the	Time Out:		-		Time In:		
lease indicate the		Time Out:	Time Out:				
				Time Out:	Time Out:		
ogram in which you orked for this day:	Please indicate the program in which you worked for this day:	Please indicate the program in which you worked for this day:	Please indicate the program in which you worked for this day:	Please indicate the program in which you worked for this day:	Please indicate the program in which you worked for this day:		
Personal Support	Personal Support	Personal Support	Personal Support	Personal Support	Personal Support		
Adult Companion	Adult Companion	Adult Companion	Adult Companion	Adult Companion	Adult Companion		
Night Supervision	Night Supervision	Night Supervision	Night Supervision	Night Supervision	Night Supervision		
_Respite Daily	Respite Daily	Respite Daily	Respite Daily	Respite Daily	Respite Daily		
l Hours:	Total Hours:	Total Hours:	Total Hours:	Total Hours:	Total Hours:		
				services entered above are	Total Hours for Week:		
EMPLOYEE SIGNATURE:							
CLIENT/RESPONSIBLE PARTY SIGNATURE (Please authorize all hours before signing here): DATE SIGNED:							
	Personal Support Adult Companion Ight Supervision Respite Daily Hours: ff MUST review the context the context the second	Personal Support Personal Support Adult Companion Adult Companion Adult Companion Night Supervision Night Supervision Respite Daily Respite DailyRespite Daily	_Personal Support Personal Support Personal Support _Adult Companion Adult Companion Adult Companion _ight Supervision Night Supervision Night Supervision _Respite Daily Respite Daily Respite Daily I Hours: Total Hours: Total Hours: ff MUST review the complete timesheet for accuracy before signing. Your sit admitted to another facility during the times provided (i.e. hospital, ICF-MR or Respite)	_Personal Support Personal Support Personal Support Personal Support _Adult Companion Adult Companion Adult Companion Adult Companion light Supervision Night Supervision Night Supervision Night Supervision Respite Daily Respite Daily Respite Daily Respite Daily I Hours: Total Hours: Total Hours: Total Hours: ff MUST review the complete timesheet for accuracy before signing. Your signature verifies the time and t admitted to another facility during the times provided (i.e. hospital, ICF-MR or Respite facility).	_Personal Support Personal Support Personal Support Personal Support Personal Support _Adult Companion Adult Companion Adult Companion Adult Companion Adult Companion Adult Companion Adult Companion Adult Companion Adult Companion Adult Companion Adult Supervision Night Supervision Night Supervision Night Supervision Night Supervision		

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