



425 Huehl Rd, Bldg 13 Suite B Northbrook, IL 60062
 Phone: 224-636-5200 Fax: 224-636-5210

CLIENT NAME (PRINT): _____

CLIENT PHONE #: _____

HEMOCARE AIDE NAME (PRINT): _____

HEMOCARE AIDE PHONE #: _____

SUPERVISOR NAME: _____

THIS TIMESHEET IS DIRECTLY LINKED TO YOUR COMPENSATION. IT **MUST** MATCH THE EVV TELEPHONE SYSTEM TIMECLOCK AND THE ORIGINAL **MUST** BE RECEIVED IN OUR OFFICE BY MONDAY FOLLOWING THE PAY PERIOD.

SERVICE MONTH	TIME IN	TIME OUT	HOURS SERVED	DUTY ID / TASKS (Circle Codes That Apply)	CLIENT SIGNATURE
1 / 16	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	<i>(1 client signature is sufficient for each time sheet. Please sign on the last line below.)</i>
2 / 17	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
3 / 18	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
4 / 19	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
5 / 20	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
6 / 21	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
7 / 22	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
8 / 23	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
9 / 24	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
10 / 25	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
11 / 26	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
12 / 27	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
13 / 28	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
14 / 29	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
15 / 30	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
31	AM PM	AM PM		1 2 3 4 5 6 7 8 9 10 11 12 13	
TOTAL HOURS SERVED					

- DUTY ID / TASKS**
(Providing Assistance by Task)
- 1 - Eating
 - 2 - Bathing
 - 3 - Grooming
 - 4 - Dressing
 - 5 - Transferring
 - 6 - Continenence
 - 7 - Telephoning
 - 8 - Preparing Meals
 - 9 - Laundry
 - 10 - Housework
 - 11 - Outside Home
 - 12 - Routine Health
 - 13 - Being Alone

TWO-WAY RECEIPT

AMOUNT GIVEN TO WORKER:
 CASH: _____ CHECK: _____

FOOD STAMPS: \$ _____
 AMOUNT SPENT: \$ _____

CLIENTS SIGNATURE: _____

AMOUNT RETURNED TO CLIENT:
 CASH: _____ CHECK: _____

FOOD STAMPS: \$ _____
 AMOUNT SPENT: \$ _____

HEMOCARE AIDE SIGNATURE _____

REMEMBER

- TO MAIL THE ORIGINAL
- TO MAKE A COPY FOR YOUR RECORDS

HEMOCARE AIDE SIGNATURE: _____ DATE: _____
 My signature above indicates I have worked this week(s) without an accident or injury to myself and certifies I have provided services as specified above.

SUPERVISOR SIGNATURE: _____ DATE: _____