

\*Due every Monday by 12 noon\*

# DOVES HOME CARE, LLC

\*Due every Monday by 12 noon\*

## ACTIVITY SHEET

CLIENT: \_\_\_\_\_

CAREGIVER: \_\_\_\_\_

MED ID #: \_\_\_\_\_

EMPLOYEE ID#: \_\_\_\_\_

02775009 **PCS** \_\_\_\_\_

08059507 **RESPITE** \_\_\_\_\_

DUTIES	SUN	MON	TUES	WED	THUR	FRI	SAT
DATE							
PERSONAL CARE/ GROOMING							
BATHING							
MEAL PREP/FEEDING							
KITCHEN/TRASH							
BEDROOM/BATHROOM							
LIVING ROOM/DUSTING							
VACUUM/SWEEPING/MOPPING							
LAUNDRY							
ERRANDS							
MISSED VISIT							
DAY	SUN	MON	TUES	WED	THUR	FRI	SAT
OTP CODE IN							
TIME IN							
OTP CODE OUT							
TIME OUT							
TOTAL HOURS							
DAY	CLIENT SIGNATURE			CAREGIVER SIGNATURE			
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
<b>NOTES and COMMENTS:</b>							

SUPERVISOR SIGNATURE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_