

Rishavena Home Health Care Agency 2260 Flatbush Ave, Brooklyn, NY 11234 Tel(718)251-1231
HHA/PCA TIMESLIP Fax: (347)702-7243

Task	Day Date	SAT	SUN	MON	TUE	WED	THUR	FRI	COMMENTS
Personal Care/Elimination Bath: T=Tub, S-Shower C=Chair, B=Bath S=Shampoo, R=Shave, C= Comb Hair									
Oral Hygiene									
Dress									
Elimination: B=Bedpan C=Commode A=Assist to B/R									
Empty Catheter Bag/Ostomy Appliances									
Record Intake & Output									
Other:									
Nutrition Meals: P=prepare, E=escort, S=Serve,F=Feed									
Weight Pt. & Record									
Other:									
Mobility/Treatments Assist with Ambulation/Transfers									
Turn and position(how often)									
Special Skin Care									
Exercise: R=Rang of Motion H=Home Program									
Record T.P.R B/P									
Other:									
Medications=Remind, E=Escort,A=Assist,S=Self									
Other:									
Household care Make/Change Bed									
Dust, Vacuum, Mop									
Laundry									
Clean, Tidy Kitchen, Bathroom									
Other:									
Accompany to Medical Appointment IF NURSE WAS CALLED PLS CHECK DATE AND EXPLAIN IN COMMENTS SECTION									
Rishavene Home Health Care Phone:									
Time Slip:	Day/Date:	Star	Fin	Day Total	Client Signature:				
Services rendered to(print clients name):	Sat								
Address:	Sun								
City State Zip	Mon								
Services rendered by(Print employee's name):	Tues								
Employee Soc.Sec.No	Wed								
Friday week ending date:	Thru								
I certify that the hours listed represents my total hours worked on this assignment during the week and that I did not receive any injuries during this assignment. I understand I am to immediately contact Rishavena Home Health Care Agency upon completion of Assignment. If I do not contact immediately, I agree that I'm not available for further employment. Employee Signature: _____	Fri								
	Supervisor Signature: _____							Total hrs to nearest ¼:	

Please do not forget to fax in your timeslip to your Coordinator

PLEASE PRINT CLEARLY