<table>
<thead>
<tr>
<th>DATE:</th>
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<tbody>
<tr>
<td>TIME IN:</td>
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<tr>
<td>TIME OUT:</td>
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**CLIENT/PATIENT INITIALS:**

**CLEANING/HOUSEKEEPING**
- Sweep Floors
- Vacuum
- Empty Trash

**Clean Bedroom**
- Change Bed Linens
- Pick-Up/Organize

**Clean Kitchen**
- Wash/Dry Dishes
- Clean Stove
- Clean Refrigerator
- Clean Counters
- Wash Floors

**Clean Bathroom**
- Scour Sink/Tub/Shower
- Clean/Disinfect Toilet
- Clean Floors

**Laundry (Wash/Dry/Fold)**

**ACTIVITIES/OUTINGS**
- Errands
- Accompany to Medical
- Accompany to Social Outing
- Walk with Patient

**FOOD/NUTRITION**
- Food Shopping

**Meal Preparation/Serve**
- %

**Breakfast % Eaten**
- %

**Lunch % Eaten**
- %

**Dinner % Eaten**
- %

**OBSERVE/URGE BATHING**

**MEDICATION REMINDER**

<table>
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<tr>
<th>DATE</th>
<th>CAREGIVER COMMENTS</th>
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Caregiver Signature: ______________________ Print Name: ______________________

Patient/Designee: I certify that the employee listed on this time slip worked the times indicated and the work was performed in a satisfactory manner. I agree to the times regarding this time slip.

Patient/Client Signature: ______________________ Print Name: ______________________