

**In Home Services Program**

**Timesheet**

Independent Living Center

Your “Access II” disABILITY Resources



**300- PERSONAL CARE**

**Tasks**

**Tasks**

**Tasks**

Dietary

YES

NO

Meals/ Dishes

YES

NO

Iron/Mend

YES

NO

Dressing/Grooming

YES

NO

Clean Kitchen

YES

NO

Wash Windows/Blinds

YES

NO

Bathing/Hygiene

YES

NO

Clean Bath

YES

NO

Trash

YES

NO

Mobility/Transfer

YES

NO

Clean Living Area

YES

NO

Shopping/Errands

YES

NO

Toileting

YES

NO

Make Bed/Change Linens

YES

NO

Essential Correspondence

YES

NO

Self Admin of Meds

YES

NO

Laundry

YES

NO

**400 - HOMEMAKER**

**Tasks**

**Tasks**

**Tasks**

Meals/Dishes

YES

NO

Make Bed/Change Linens

YES

NO

Trash

YES

NO

Clean Kitchen

YES

NO

Laundry

YES

NO

Shopping/Errands

YES

NO

Clean Bath

YES

NO

Iron/Mend

YES

NO

Essential Correspondence

YES

NO

Clean Living Area

YES

NO

Wash Windows/Blinds

YES

NO

**Tasks**

**Tasks**

**Tasks**

Ostomy/Hygiene

YES

NO

Aseptic Dressing

YES

NO

Passive ROM

YES

NO

Catheter Hygiene

YES

NO

Non-Injectable Meds

YES

NO

Assist Transfer Device

YES

NO

Bowel Program

YES

NO

**800 - NURSING VISIT**

**Tasks**

**Tasks**

**Tasks**

Fill Insulin Syringes

YES

NO

Train APC

YES

NO

Nail Care Diabetic/Medical

YES

NO

Monitor Skin Condition

YES

NO

Med Set Up

YES

NO

Other

YES

NO

General Health Evaluation

YES

NO

Semi-Annual Nurse (Only)

YES

NO

RN Vitals

YES

NO

Evaluate APC Plan

YES

NO

**600 - RESPITE**

Any falsification or other misrepresentation on time worked may constitute fraud and will be reported to the proper authorities.

If you are having trouble with the telephony system, please contact Heather Swymeler or Staci Hamilton immediately at 660-663-2423.

Employee Signature Required

Consumer Signature Required

**Did you Provide**

Timesheet Slips are ONLY to be completed when you are unable to use the telephony system.

**TIME IN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM**

**TIME OUT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM**

**Did you Provide**

**Did you Provide**

**Did you Provide**

**Did you Provide**

**Did you Provide**

**700- ADVANCED PERSONAL CARE**

All paper timesheets must be submitted to Access II no later than

**Monday at 10:00 am on a payroll week.**

**TIME IN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM**

**TIME OUT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM**

**TIME IN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM**

**TIME OUT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM**

**TIME IN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM**

**TIME OUT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM**

**Did you Provide**

**TIME IN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM**

**TIME OUT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM / PM**

**Did you Provide**

**Did you Provide**

**Did you Provide**

**Did you Provide**

**Did you Provide**

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