



### H3Assist Weekly Time Sheet/Care Log

**Fax To: 888-467-3576**

**Due Every Monday by 12:00pm**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Client Name

Service Date	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Housekeeping							
Companionship							
Transport							
Meal Prep							
Appetite <small>Good, Fair, Poor</small>							
Mental Status <small>Alert, Happy, depress, Confused</small>							
Mobility							
Bathing							
Oral care							
Dressing							
Toileting							
Urinating							
Bowel							

**Totals**

Time In								
Time Out								
<b>Total Hrs.</b>								
<b>Total Shifts</b>								
Mileage								

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date