

CAUGAN WELLSPRING INC.

"Providing Home Care Wellness", P.O. Box 2169, Douglasville, GA 30135, Tel: 404 789 6882

Caugan Wellspring Time Sheet

Client Service Delivery Form

Employee's Name:				week b	eginnin	ıg:	
Client's Name:							
Date of services							
Days of services	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Specific tasks performed	Sun	WIOII	Tuc	vv cu	Tilu	111	Sat
Personal care tasks:							
Bathing (tub/shower/bed)							
Mouth /denture care							
Grooming /shampooing hair							
Nail filing							
Assisting with dressing							
Assisting with toileting /elimination							
Other:							
Medically related Tasks:							
Observing / reporting changes in client condition							
Arranging medical trips							
Picking up prescriptions							
Accompanying client on medical appointments							
Reminding client to take medications							
Other:							
Housekeeping tasks							
Vacuuming							
Sweeping							
Dusting							
Mopping							
Laundry							
Changing Linens							
Other:							
Ambulation / transfer							
Assisting with transfers							
Assisting with walking							
Encouraging physical activities							
Assisting with simple exercise							
Other:							
Home Management							
Grocery shopping							
Assisting with bill payment							
Other:					1		



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Proper Nutrition								
Preparing meals/clean up								
Encouraging proper nutrition /serve meal, fluids								
Assisting with eating / offer snacks								
TIME IN								
TIME OUT								
TOTAL HOURS								
CLIENT'S INITIAL								
CAREGIVER'S INITIAL								
• All service records must be initialed by the client PSS Worker's Signature:								
PSS Worker's Signature:								