

Veteran-Directed Home and Community-Based Services (VD-HCBS)

Veteran/Employer printed name _____

Caddo Council on Aging

Employee printed name _____

Timesheet & Service Log for PCA/Homemaker

Month/Year: _____

| DATE (circle) | IN-TIME | OUT-TIME | DAILY TOTAL # OF HOURS PC/HM | Personal Care Tasks | | | | | | | | | | | Homemaking Tasks | | | | | | | | | | | | | | | | | |
|------------------------------------|---------|----------|--|----------------------------|-----------------------------|--------------------------|---------------------|--------------|-----------------|--------------|--------------|-------|---------------------------|---------------------------|------------------|----------------------|--------------|------------------------|------------------|-------------------------|------------------|------|---------|----------------------------|---------------------|-------|--|--|--|--|--|--|
| | | | | Assist w/trans- fers | Assist walking or w/c | Med Remind/ Assist | Assist w/ eating | Oral Care | Bath/ Shower | Wash Hair | Comb Hair | Shave | Dress/ Assist Dress | Inconti- nence Care | Toilet- ing | Shopping/ Errands | Meal Prep | Clean Bath- room | Clean Kitchen | Sweep/ Mop Floors | Vacuum Carpet | Dust | Laundry | Clean/Ch ange Linens | Transpor- tation | Other | | | | | | |
| 1 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL HOURS THIS PERIOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Verification of Accuracy: Employer (or Representative): _____

Employee: _____

Signature

Date

Signature

Date

Please turn in SIGNED timesheets at end of each pay period to Caddo Council on Aging, 1700 Buckner Street, Suite 240, Shreveport, LA 71101. FAX: 318-676-7911