



Homemaker Time Sheets

Patient Name:	Patient #:
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Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
Time In							
Time Out							
Total Hours							
Cleaning							
Vacuum/Sweep/Mop							
Dust							
Clean Room							
Make Bed							
Clean Kitchen							
Clean Bathroom							
Take Out Trash							
Laundry							
Ironing							
Defrost/Clean Refrigerator							
Clean Oven/Stove							
Wash Dishes							
Nutrition							
Plan/Prepare Meal							
Purchase Food							
Miscellaneous							

Homemaker Name (Print) _____ Date _____

Patients Signature _____ Date _____



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