

Mercy Home Care, LLC • Care Log
 Phone: 316-733-9400 / Toll Free: 1-866-908-9449

Client Name : _____ Employee Name : _____

Form must be printed and legible, must be in blue or black ink.

Date (MM/DD/YYYY)	Day	Times		Times		Times		Total Hours	Duties Provided	Client Initials
/ /	Sunday	In	AM	In	AM	In	AM	agency =		
		Out	PM	Out	PM	Out	PM			
/ /	Monday	In	AM	In	AM	In	AM	agency =		
		Out	PM	Out	PM	Out	PM			
/ /	Tuesday	In	AM	In	AM	In	AM	agency =		
		Out	PM	Out	PM	Out	PM			
/ /	Wednesday	In	AM	In	AM	In	AM	agency =		
		Out	PM	Out	PM	Out	PM			
/ /	Thursday	In	AM	In	AM	In	AM	agency =		
		Out	PM	Out	PM	Out	PM			
/ /	Friday	In	AM	In	AM	In	AM	agency =		
		Out	PM	Out	PM	Out	PM			
/ /	Saturday	In	AM	In	AM	In	AM	agency =		
		Out	PM	Out	PM	Out	PM			

Total Agency Hours : _____

Progress Notes : _____

Client Signature : _____ Date : _____

I certify this information is correct and the above documented duties were performed.

Employee Signature : _____ Date : _____

I certify this information is correct and the above documented duties were performed.

Timesheets are to be mailed or delivered to: **Mercy Home Care, LLC**
 PO Box 580
 Andover, KS 67002

Legend			
Code	Duties		
PC	Bathing / Dressing		
TL	Toileting		
F	Transfer		
M	Mobility		
MP	Meal Prep / Assistance Eating		
S	Shopping / Errands		
T	Transportation (ACCOMPANY ONLY)		
L	Laundry / Housekeeping		
R	Remind of Meds		
MM	Money Management		
O	Other		
SC	Sleep Cycle = 1 unit (LIST TIME IN/OUT & MUST BE AT LEAST 6-12 HOURS)		
Service			
HCBS/FE -AG	HCBS-FE-SC		
HCBS/PD-AG	HCBS/PD-SC		
HCBS/TBI-AG	HCBS/TBI-SC		
BUCO	VCH	PP	OAA
Medicaid ID # : _____			

Timesheets are to be filled out completely with the client and employee signatures, and are due by Tuesday at 2:00 PM to receive your deposit on Friday.