

Mercy Home Care, LLC • Care Log

Phone: 316-733-9400

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
105 S Andover Rd, Suite C
Andover, KS 67002

Legend		
Code	Duties	
11	Bathing	
12	Dressing	
19	Toileting	
20	Transfer	
21	Walking / Mobility	
23	Assist Eating	
24	Meal Prep	
25	Shopping / Errands	
26	Remind of Meds	
28	Telephone	
29	Laundry	
30	Housekeeping	
35	Supervision	
38	Money Management	
Service		
HCBS/FE -AG	HCBS/FE-SC	
HCBS/PD-AG	HCBS/PD-SC	
HCBS/TBI-AG	HCBS/TBI-SC	
BUCO	SCA	OAA
WORK	PRIVATE PAY	

***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.***