

# TIME SLIP/AGREEMENT

## BATH VISIT

PRINT CLIENT NAME \_\_\_\_\_

PRINT CLIENT ADDRESS \_\_\_\_\_

AIDE PRINT NAME \_\_\_\_\_

AIDE'S SOCIAL SECURITY # \_\_\_\_\_

**Visit refused by client**  **WEEK ENDING DATE**  
 MONTH / DAY / YEAR

DATE	STARTING TIME	FINISH TIME	VISIT		REG. HOURS	OT/HOLIDAY HOURS
			BATH	SHOWER		
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Sat.						
Sun.						

TOTAL HOURS FOR THE WEEK TO NEAREST 1/4 HR. **▶**

### INDICATE CARE GIVEN:

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> ORAL CARE  | <input type="checkbox"/> DRESS PT.   | <input type="checkbox"/> POSITIONING   |
| <input type="checkbox"/> SHAMPOO    | <input type="checkbox"/> BED-MAKING  | <input type="checkbox"/> PASS ROM EX   |
| <input type="checkbox"/> SHAVE      | <input type="checkbox"/> FOLEY CARE  | <input type="checkbox"/> COMB HAIR     |
| <input type="checkbox"/> BACK RUB   | <input type="checkbox"/> LAUNDRY     | <input type="checkbox"/> FOOT CARE     |
| <input type="checkbox"/> SKIN CARE  | <input type="checkbox"/> SHOPPING    | <input type="checkbox"/> AMBULATION    |
| <input type="checkbox"/> NAIL CARE  | <input type="checkbox"/> TRANS ASST. | <input type="checkbox"/> TIDY BATHROOM |
| <input type="checkbox"/> FEED PT.   | <input type="checkbox"/> TED HOSE    | <input type="checkbox"/> TIDY BEDROOM  |
| <input type="checkbox"/> MEAL PREP. | <input type="checkbox"/> HOYER LIFT  | <input type="checkbox"/> CHANGE DIAPER |

NOTES: \_\_\_\_\_

I certify that the hours shown above represent my total hours worked on this assignment during the week, and that they were properly verified by the client or by an authorized representative.

**X**  
AIDE MUST SIGN

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**X**  
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### PAYMENT

TOTAL HOURS = \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_ DUE  
 GN PAY CASH PAY CHECK # \_\_\_\_\_  
 WHITE - OFFICE • YELLOW - CLIENT • PINK - AIDE

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