


Primary Home Care
Service Delivery Record

Month and Year of Service

Employee Name	No. 	Employee Mailing Address
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If more than one employee serves the client, list employee name(s):

Client Name	Client No.	County
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TASK(S) ASSIGNED (for family care and primary home care only):

- | | | | |
|-------------------------------------|---|--|---|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Laundry | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Ambulation |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Toileting | <input type="checkbox"/> Escort | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Exercising | <input type="checkbox"/> Transfer | <input type="checkbox"/> Shopping | _____ |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Assist with Self-administered Medications | _____ |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Routine Hair/Skin Care | | _____ |

Note: Claiming services not actually provided constitutes fraud.

Scheduled or Authorized Hours

Day	In	Out	Total	Day	In	Out	Total	Day	In	Out	Total
Sunday				Wednesday				Saturday			
Monday				Thursday							
Tuesday				Friday							

Total Authorized Hours Per Week: 

Record of Time

Day of Month	Time (Hours:Minutes)			Day of Month	Time (Hours:Minutes)			Day of Month	Time (Hours:Minutes)			
	Time in	Time Out	Total Daily Time		Time in	Time Out	Total Daily Time		Time in	Time Out	Total Daily Time	
1				12				23				
2				13				24				
3				14				25				
4				15				26				
5				16				27				
6				17				28				
7				18				29				
8				19				30				
9				20				31				
10				21								
11				22								
											Monthly Total of Hours:	<input type="text"/>

This is to certify that I worked the hours recorded and completed the work tasks assigned.

Signature—Employee

This is to certify that to the best of my knowledge the employee has worked the hours recorded and completed the tasks assigned.

Signature—Timekeeper

Date*

*The date indicated here must not be before the last day the provider worked.