



In Home Care & Assistance

Weekly/Daily Timesheet and Client Card

Employee Name: _____ Client Name: _____

Employee Signature: _____ Client Address: _____

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NOTE: Kilometres are paid from client to client only as per ATO

Date	Start Time	Finish Time	Kilometre	Total Hours	Client signature <small>(all services must have a client signature)</small>	Notes

Client Requirements (please tick what applies to service)

Personal Care	Light housekeeping	Laundry	Meal Preparation	Pet Care	Transport	Post Hosp.Care	Other Services
<input type="checkbox"/> Bathing/Showering <input type="checkbox"/> Drying/Dressing <input type="checkbox"/> Hairdressing <input type="checkbox"/> Makeup <input type="checkbox"/> Shaving <input type="checkbox"/> Nail Care <input type="checkbox"/> Toilet <input type="checkbox"/> Incontinence Care	<input type="checkbox"/> Vacuum <input type="checkbox"/> Damp Mop <input type="checkbox"/> Change Bedding <input type="checkbox"/> General Tidying <input type="checkbox"/> Dishes	<input type="checkbox"/> Wash <input type="checkbox"/> Dry <input type="checkbox"/> Iron <input type="checkbox"/> Fold <input type="checkbox"/> Put Away	<input type="checkbox"/> Meal Planning <input type="checkbox"/> Preparation <input type="checkbox"/> Cooking <input type="checkbox"/> Serving <input type="checkbox"/> Wash Dishes <input type="checkbox"/> Pre-cooked Meals <input type="checkbox"/> Assistance with eating	<input type="checkbox"/> Wash <input type="checkbox"/> Walk <input type="checkbox"/> Clean up after <input type="checkbox"/> Feed	<input type="checkbox"/> Shopping <input type="checkbox"/> Appointments <input type="checkbox"/> Services <input type="checkbox"/> Friends <input type="checkbox"/> Social Activities <input type="checkbox"/> Escort to Doctor <input type="checkbox"/> Escort to Hospital	<input type="checkbox"/> Wound care <input type="checkbox"/> Medication <input type="checkbox"/> Eye Drops <input type="checkbox"/> Injections	<input type="checkbox"/> Light exercises <input type="checkbox"/> Aid with reading <input type="checkbox"/> Companionship <input type="checkbox"/> Mental Stimulation <input type="checkbox"/> Medication reminder <input type="checkbox"/> Wound Care

Timesheets and client card must be received by no later than 5:00pm Monday

Please send via **fax:** 02 9588 2827 or **email:** info@bpna.com.au