

Silver Mountain Home Health Care LLC

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INDV HOME SUPTS W/O TRNG

Employee's Name: _____

Client's Name: _____

Client Representative Name: _____

Date:	Time In	Time Out:		Date:	Time In:	Time Out:
02/08/2024	AM/PM	AM/PM		02/15/2024	AM/PM	AM/PM
02/09/2024	AM/PM	AM/PM		02/16/2024	AM/PM	AM/PM
02/10/2024	AM/PM	AM/PM		02/17/2024	AM/PM	AM/PM
02/11/2024	AM/PM	AM/PM		02/18/2024	AM/PM	AM/PM
02/12/2024	AM/PM	AM/PM		02/19/2024	AM/PM	AM/PM
02/13/2024	AM/PM	AM/PM		02/20/2024	AM/PM	AM/PM
02/14/2024	AM/PM	AM/PM		02/21/2024	AM/PM	AM/PM

<p>Has the client been in the Hospital, a Care Facility or incarcerated during these two weeks?</p> <p>If so, please complete the following: Date in _____ Date out _____</p>			
<p>Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on this timesheet. Your signature verifies the time and services entered above are accurate. "All time documented is assumed to be 1 staff to 1 client (1:1) unless otherwise noted time entry for that shift. For example, staff working with 2 clients at once should indicate 1:2 above time entries, 1:3 etc. A separate timesheet should be done for each client with whom the staff works.</p>			
<p>_____</p> <p>Employee Signature</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>Client/Client Rep</p>	<p>_____</p> <p>Date</p>