

Silver Mountain Home Health Care LLC

1607 Chicago Ave S, Minneapolis, MN 55404 Phone: 612-226-5375 Fax: 651-204-9193  
 Email:Info@silvermountainhhc.com

RESPIRE IN HOME

Employee's Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client Representative Name: \_\_\_\_\_

<i>Date:</i>	<i>Time In</i>	<i>Time Out:</i>	<i>Date:</i>	<i>Time In:</i>	<i>Time Out:</i>
07/11/24	am/pm	am/pm	07/18/24	am/pm	am/pm
07/12/24	am/pm	am/pm	07/19/24	am/pm	am/pm
07/13/24	am/pm	am/pm	07/20/24	am/pm	am/pm
07/14/24	am/pm	am/pm	07/21/24	am/pm	am/pm
07/15/24	am/pm	am/pm	07/22/24	am/pm	am/pm
07/16/24	am/pm	am/pm	07/23/24	am/pm	am/pm
07/17/24	am/pm	am/pm	07/24/24	am/pm	am/pm

**Has the Client been in the Hospital, a Care Facility or Incarcerated during these two weeks?**

**If so, please complete the following: Date in \_\_\_\_\_ Date out \_\_\_\_\_**

**Acknowledgement and Required Signatures (not valid unless signed by both Parties):**

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 above 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Client Rep

\_\_\_\_\_  
Date