Independent Living Partners
With you when you need us.

8030 Old Cedar Ave S • Bloomington MN 55425 • P: 952.300.6799 • F: 952.953.0187 • Independentlivingpartners.com

OFFICE USE ONLY	Program: **COMPANION CARE**	# Hours:

CLIENT:	EMPLOYEE:

Client/Employee signatures verify that hours worked and services provided are accurately documented here.

MONTH:_____YEAR:_____

DAY	Mon	Tue	Wed	Thur	Fri.	Sat	Sun	TOTAL HOURS
DATE:								
Time In								
Time Out								
HOURS WORKED								

ACTIVITIES COMPLETED WITH CLIENT	Initials	**Notes:** Please list activities you have done with client that are not bullet listed on this time sheet**.**
COMPANIONSHIP/SOCIAL STIMULATION		
MEAL PREPARATION		
ASSISTANCE WITH ACTIVITIES OF DAILY LIVING		
MONITOR FOR SAFETY AND WELL BEING		
ACCESS COMMUNIYT FOR SOCIALIZATON		
ACCESS COMMUNITY FOR RECREATIONAL ACTIVITIES		

Client Signature:_____**Date**:

Responsible Party/Guardian Signature:_____For the Week of:_____

Employee Signature:_____

TIME SHEETS ARE DUE AT THE END OF LAST WORK DAY OF THE WEEK: FAX THEM TO 952-953-0187 OR EMAIL THEM TO abdifatah.kofiro@independentlivingpartners.com. THANK YOU.