Community Care

There is no place like YOUR home…

Work Week Ending _____

PATIENT NAME (PRINT): _____ CAREGIVER'S NAME (PRINT): _____

Check where services are rendered: Home Facility Caregiver is a (check one): ___ Certified Home Health Aide ___C.N.A. ___RN ___LPN/LVN ____ Personal Care Attendant (PCA) ____ Companion/Homemaker

***** Please return signed originals to Corporate Office ******

REQUIRED	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
DATE (Month/Date/Year)							
Arrival Time: AM/PM							
Departure Time: AM/PM							
Total Hours Worked							
SERVICES PROVIDED:							
Ambulating Inside							
* Standby Assist							
Bathing							
* Standby Assist							
* Verbal Cue or Reminder							
Dressing							
* Standby Assist							
* Verbal Cue or Reminder							
Eating							
* Standby Assist							
* Verbal Cue or Reminder							
Transfer Out of Bed/Chair							
* Standby Assist							
* Verbal Cue or Reminder							
Toileting							
* Standby Assist							
* Verbal Cue or Reminder							
Provided Continual Supervision due to Cognitive Impairment: Cannot be left alone							
Provided Continual Supervision due to a Physical Functional Incapacity: Cannot be left alone							
Housekeeping							
Housekeeping							
Laundry							
Meal Preparation							
Transportation							
Miles Transported							

I hereby certify that the information provided above is a complete and accurate representation of the care provided and received.

Caregiver Signature: _____ Date:_____/_____/ _____

Patient or Legal Representative Signature: _____Date:_____/_____/ _____

Fraud Notice: Any person who, with an intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and may be subject to criminal and civil penalties. Please refer to enclosed state variation sheet for state specific wording regarding this fraud notice.

Community Care Companions Inc
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Awarded the Gold Seal of Approval by the Joint Commission – Home Care