

# NEW AGE ELDER CARE

*"Stay younger for longer"*

[www.newagecare.net](http://www.newagecare.net)

2539 W Peterson Ave, Chicago, IL 60659  
 701 Deerfield Pkwy, Suite 101, Buffalo Grove, IL 60089  
 Phone (847) 403-3053 Fax (847) 943-2107

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

Client Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP

Employee Name: \_\_\_\_\_

Timesheet For:

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Hospital/Vacation: Yes / No

From: \_\_\_\_\_

To: \_\_\_\_\_

PSA 2  PSA 12  PSA 13

DRS – DHS

DRS – MCO –

MCO –

CJE

USE BLUE OR BLACK INK ONLY **SIGN YOUR TIMESHEETS DAILY**

Dates		Time In	Time Out	Hours	Client or their authorized person Signature <small>certifies that service was received for hours specified</small>	Employee Signature <small>I certify that service was provided for hours specified.</small>	Plan Of Care Daily services according to Plan of Care (Circle all that Apply)
1	16	AM PM	AM PM				ABCDEFGHIJKLMNO_____
2	17	AM PM	AM PM				ABCDEFGHIJKLMNO_____
3	18	AM PM	AM PM				ABCDEFGHIJKLMNO_____
4	19	AM PM	AM PM				ABCDEFGHIJKLMNO_____
5	20	AM PM	AM PM				ABCDEFGHIJKLMNO_____
6	21	AM PM	AM PM				ABCDEFGHIJKLMNO_____
7	22	AM PM	AM PM				ABCDEFGHIJKLMNO_____
8	23	AM PM	AM PM				ABCDEFGHIJKLMNO_____
9	24	AM PM	AM PM				ABCDEFGHIJKLMNO_____
10	25	AM PM	AM PM				ABCDEFGHIJKLMNO_____
11	26	AM PM	AM PM				ABCDEFGHIJKLMNO_____
12	27	AM PM	AM PM				ABCDEFGHIJKLMNO_____
13	28	AM PM	AM PM				ABCDEFGHIJKLMNO_____
14	29	AM PM	AM PM				ABCDEFGHIJKLMNO_____
15	30	AM PM	AM PM				ABCDEFGHIJKLMNO_____
	31	AM PM	AM PM				ABCDEFGHIJKLMNO_____
<b>TOTAL HOURS</b>							

**PLAN OF CARE KEY**

EATING	<b>A</b>	DRESSING	<b>D</b>	MANAGING MONEY	<b>G</b>	LAUNDRY	<b>J</b>	ROUTINE HEALTH	<b>M</b>
BATHING	<b>B</b>	TRANSFERRING	<b>E</b>	TELEPHONING	<b>H</b>	HOUSEWORK	<b>K</b>	SPECIAL HEALTH	<b>N</b>
GROOMING	<b>C</b>	CONTINENCE	<b>F</b>	PREPARING MEALS	<b>I</b>	OUTSIDE HOME	<b>L</b>	BEINNG ALONE	<b>O</b>

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_