ANOINTING LOVING CARE, LLC
Consumer Direct Services
314-801-7692

Consumers Name: _____
DCN: _____
Address: _____
_____
_____

County: _____
Attendants Name: _____
Employee Number: _____

Mail to: Mail to: ANOINTING LOVING CARE, LLC
9191 West FLorissant (Suite 214)
St. Louis, MO 63136-1414

Consumer Directed Services Attendant Timesheet

Total Hours for Pay Period: _____

Payroll Period: / / thru / /

Abbreviation Key:
N - Not Home
A - Aide Off
O - Out of Town
H - Hospital
R - Refused

Activies Performed

ACTIVITIES	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Dressing/Grooming							
Bathing							
Ostomy Hygiene							
Catheter Hygiene							
Bowel and Bladder Routine							
Assist w/Toileting							
Assistive Transfer Device							
Passive Range of Motion							
Mobility & Transfer							
Medications							
Turning and Positioning							
Treatments							
Clean and Maintain Equipment							
Clean Bath							
Make Bed							
Change Linens							
Clean Floor							
Tidy and Dust							
Laundry							
Trash							
Essential Correspondence							
Meal Prep and Eating							
Wash Dishes							
Clean Kitchen							
Essential Transportation (Non-Medical)							
Shopping and Errands							
Other (Specify)							

Mon - Date:	IN	OUT	Total Hours	Client Signature	Attendant Signature
Tues - Date:	**IN**	**OUT**	**Total Hours**	**Client Signature**	**Attendant Signature**
Wed - Date:	**IN**	**OUT**	**Total Hours**	**Client Signature**	**Attendant Signature**
Thurs - Date:	**IN**	**OUT**	**Total Hours**	**Client Signature**	**Attendant Signature**
Fri - Date:	**IN**	**OUT**	**Total Hours**	**Client Signature**	**Attendant Signature**
Sat - Date:	**IN**	**OUT**	**Total Hours**	**Client Signature**	**Attendant Signature**
Sun - Date:	**IN**	**OUT**	**Total Hours**	**Client Signature**	**Attendant Signature**