|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff’s Name:** |  | **Month:** |  | **Year:**  |  |
|  |
| **Date** | **Care Provided** **(i.e. bathing, showering, dressing, etc.)** | **Client’s Name (First & Last)** | **Total****Staff Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **1 UNIT = 60 Minutes of Staff Time** | **Monthly Total (Staff Hours):**  |  |
|  |
| **Staff’s Signature:** |  | **Date Signed:** |  |
| **Supervisor’s Signature:**  |  | **Date Signed:** |  |