



Home Health Care Agency  
 333 Sylvan Ave Suite 205  
 Englewood Cliffs, NJ 07632  
 T:201.613.6173 F:201.621.5052

# Time/Flow Sheet

WEEK ENDING DATE :

CLIENT		CLIENT ID	C	0				
CHHA		CHHA ID	H	0	0			

Month	Day	Year

CLIENT SIGNATURE: \_\_\_\_\_

CHHA SIGNATURE: \_\_\_\_\_

\*CLIENT: I, the below signed add my signature and guarantee the fact that the signing Gentle Heart Care, LLC employee has worked the hours shown below. The activities, marked were performed on the days indicated.

\*CHHA: I, certify that the hours shown above represent my total hours worked and they were properly confirmed by the client or an authorized representative.

Date (mm/dd)	SUN	MON	TUE	WED	THU	FRI	SAT
	/	/	/	/	/	/	/
Time In (hh : mm)	:	:	:	:	:	:	:
Time Out (hh : mm)	:	:	:	:	:	:	:
Time In (hh : mm)	:	:	:	:	:	:	:
Time Out (hh : mm)	:	:	:	:	:	:	:
Total Hours:							
1. Assist with Personal Care							
2. 목욕/세면 (Bath:bed, Sponge, Tub or Shower)							
3. 머리 (Hair Care: Comb, Brush or Shampoo)							
4. 구강 (Oral Hygiene)							
5. 피부와 손톱 (Skin or Nail Care)							
6. 치장 보조 (Assist with Dressing)							
7. 이동 보조 (Ambi&Trans Assist w/Walking)							
8. 운동 보조 (Assist with Exercise)							
9. 화장실 사용 (Toileting and Elimination)							
10. 침대에서 위치 변화 (Turn and Position)							
11. 침상 관리 (Make Bed/Change Linen)							
12. 약복용 관리 (Assist w/ Medication)							
13. 대화하기 (Psycho Social)							
14. 쇼핑 (Marketing / Shopping)							
15. 빨래하기 (Wash / Laundry)							
16. 가벼운청소 (Light Cleaning: Bath & Ktch)							
17. 식사준비 (Meal Preparation w Diet & Serving)							
18. 식사보조 (Assist with Feeding)							
19. Other (Specify in Comments)							
주의사항 (Precautions)	Fall (낙상)	Low Salt (저염식)	Low Fat/Chol (저지방)	Diabetic (당뇨)	Anticoagulant (항응고)	Seizure (발작)	Oxygen (산소)
Comments:							

THE ABOVE TASKS WERE PERFORMED SATISFACTORY

Times and activities must be completed on each shift.  
 Report any changes or observations to supervisor and document change.