

RECOVERY SERVICE ACTIVITY SHEET

Client Name: _____ Week Ending Date _____

Aide Name: _____ Signature: _____ Date: _____

On each assigned day, enter date and a place a check next to each activity completed. If activity was not performed as per the care plan, document the reason in the "comments" section and note name of clinician notified. The Activity sheets (timesheet) must be **fully completed** for each assigned day.

Date of Service	Day of Week	Time IN	Time OUT	Time IN	Time OUT	Client Must Sign Timesheets Daily.
	Sunday					Client Signature: _____
	Monday					Client Signature: _____
	Tuesday					Client Signature: _____
	Wednesday					Client Signature: _____
	Thursday					Client Signature: _____
	Friday					Client Signature: _____
	Saturday					Client Signature: _____
						Total Hours Worked: _____

Complete the activities listed below according to the Recover Service Activity Sheet. For additions, changes or deletions, contact the supervisor. To ensure payment you **MUST** mark a check next to all activities you provided for each date you provided care.

Assignment	SUN	MON	TUE	WED	THU	FRI	SAT	Comments
<input type="checkbox"/> Meal preparation								
<input type="checkbox"/> Cleaning								
<input type="checkbox"/> Laundry								
<input type="checkbox"/> Shopping								
<input type="checkbox"/> Bill Paying								
<input type="checkbox"/> Participation in social & recreation activities								
<input type="checkbox"/> Supportive Companionship								
<input type="checkbox"/> Cuing to prompt dressing appropriately								
<input type="checkbox"/> Basic hygiene function								
<input type="checkbox"/> Supportive assistance								
<input type="checkbox"/> Supervision of participant								
<input type="checkbox"/> Other _____								
Client / Representative Initials								
Comments:								