

**HOMEMAKER / COMPANION  
ACTIVITY SHEET  
Invoice**

**CONSUMER NAME:** \_\_\_\_\_ **PERIOD ENDING:** \_\_\_\_\_

**CAREGIVER NAME:** \_\_\_\_\_

		SUN	MON	TUES	WED	THURS	FRI	SAT
<b>HOMEMAKER DUTIES:</b>	<b>DATE</b>							
	Time In							
	Time Out							
	Hours							
	Vacuuming							
	Dusting							
	Wet mop Floors							
	Clean Bathroom							
	Making beds/change linens							
	Clean kitchen							
	Wash dishes							
	Clean refridgerator							
	Laundry/wash/fold							
	Marketing / shopping							
	Put away groceries							
	Meal Planning & preparation							
	Money Management (make desposit, pay bills)							
	Take out trash							
	Other:							
<b>COMPANION DUTIES:</b>	Time In							
	Time Out							
	Hours							
	Supervision / monitor of activities of daily living							
	Reminder for self-administered medication							
	Escort to recreational activity							
	Accompany to appointment (medical/business)							
	Assist with phone calls/communications							
	Accompany on walk							
	Conversation							
	Read							
	Other							
		CONSUMER SIGNATURE	CONSUMER SIGNATURE	CONSUMER SIGNATURE	CONSUMER SIGNATURE	CONSUMER SIGNATURE	CONSUMER SIGNATURE	CONSUMER SIGNATURE

Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Supervisor: \_\_\_\_\_

Bill Rate: \_\_\_\_\_