RESPITE CARE TIME & TASK SHEET

Client's Name:

Home Care Aide's Name:

Month Reporting:	Year Reporting:

Date	Time In 1	Time Out 1	Total Hours	Client Initials	Office Use
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

REMEMBER: You are required to also record your **Shift Start Time** and **Shift End Time** using our SanTrax Electronic Time Keeping System.

Steps for Calling In your Shift START Time:

A. Dial **1-877-249-6769** or **1-877-399-8576**

B. The Santrax system will say "Welcome, please enter your Santrax ID". – **Enter your Employee ID Number**

C. THEN, Santrax will say, "Please enter your first CLIENT ID or hang up when done." **Enter your CLIENT's ID No.**

D. THEN, Santrax will say, "Please enter your second CLIENT ID or hang up when done." **HANG UP.**

Total Hours →

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RESPITE Care Tasks Performed

ADL's No. 1 - 10	Walk In Room	Locomotion In Room	Locomotion Outside	Bed Mobility	Transfer	Eating	Toileting	Dressing	Personal Hygiene	Bathing	IADLs - No. 11 - 15	Adult Client's Only	Meal Preparation	Ordinary Housework	Essential Shopping	Transportation	Medication Reminders
	1	2	3	4	5	6	7	8	9	10			11	12	13	14	15

REMEMBER: You are required to also record your **Shift Start Time** and **Shift End Time** using our SanTrax Electronic Time Keeping System.

Steps for Calling In your Shift END Time:

A. Dial **1-877-249-6769** or **1-877-399-8576**

B. The Santrax system will say "Welcome, please enter your Santrax ID". – **Enter your Employee ID Number.**

C. THEN, Santrax will say, "Please enter your first CLIENT ID or hang up when done." **Enter your CLIENT's ID No.**

D. THEN, Santrax will say, "Please enter your second CLIENT ID or hang up when done." **HANG UP.**

RESPITE CARE TIME & TASK SHEET ONLY - Do not use for PERSONAL CARE Hours

Authorized Client Signature:

Home Care Aide's Signature:

Notice: Time Sheets must be received by the 1st day of each month. Time Sheets can be dropped off or mailed to our office and cannot be emailed or faxed. For each shift worked place and "X" in each task box for each task completed during the shift. The Client MUST initial each shift worked and MUST sign the Time Sheet and the Home Care Aide MUST sign the time sheet.