Homemaker Services Activity Card

RSVP — CELEBRATING 45 years — CARING IS GIVING

Client: _____ **Homemaker Name:** _____

Work Week: ___/___/___ thru ___/___/___ **Homemaker Signature:** _____

						Duties Must Follow Client Service Plan									

Required Homemaker Services- at least <u>two</u> services must be performed weekly | **Add-On Services (In conjunction with at least two required services weekly)**

Week #1	Date	Time In	Time Out	Total Time	*Client Initials*	Sweep, Vacuum, Mop	Kitchen: Counters Applicances	Empty Trash	Bathroom: Shower/Tub Toilet, Vanity	Wash Dishes	Laundry	Change Linens	Dust	Shopping/RX /Mail (Document Below)	Meal Prep	Other Care (Specify in Comments)
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Sunday																
Week #2																
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Sunday																
Total Time																

Please be sure to keep this timesheet accurate and submit to your Field Representative or if based in Carson City, the Carson City RSVP office on the 15th and the final day of each month for payment. The field representative will approve and sign this activity card and forward it to RSVP no later than 3 days after the 15th and final day of each month. If the 3rd day falls on a holiday or weekend, timesheets are due the next scheduled work day.
Payment shall be made within fifteen (15) days after receipt of invoice. If timesheet is not complete (i.e. client's name, initials, and signature, homemaker's and field rep's signature, boxes checked for services provided, and if payment is exchanged for shopping, the highlighted area must be completed and initialed by client), <u>payment will not be processed.</u>

Cash/Payment Received: _____

Cash/Payment Returned: _____

Receipt Left With Client: ☐

Client Initials: _____ **(Required)**

Homemaker Comments: _____

Client Signature: _____ **(Required)**

Field Representative Signature: _____