

Weekly Time Sheet and Progress Notes

CareAssist
 www.careassist.net
 P.O. Box 4285
 Chattanooga, TN 37405
 Phone 423-875-4254



Client Name _____ Week Ending (Sunday) _____
 Caregiver Name _____

		Day Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Personal Care Services <i>(Personal Care Visit)</i>	IN									Total PCS Hours	
	OUT										
<i>Please see reverse side for task id's to be entered under each day.</i>											
Home Making Services	IN									Total HMS Hours	
	OUT										
<i>Please see reverse side for task id's to be entered under each day.</i>											
Attendant Care Services	IN									Total ACS Hours	
	OUT										
<i>Please see reverse side for task id's to be entered under each day.</i>											
In Home Respite Services	IN									Total IHR Hours	
	OUT										
<i>Please see reverse side for task id's to be entered under each day.</i>											
Total Hours Per Day										TOTAL HOURS	

All staff must visually confirm the client is present at the beginning and end of their shifts.
 Please check the box for each day worked upon greeting the client and have the client sign when leaving.

CLIENT SIGNATURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments _____

Please complete this form in its entirety. Client signature is required for every worked day. All applicable forms must be completed and received in our office by 5:00 pm Tuesday for payroll. Failure to turn in your paperwork by the deadline may delay your check, indefinitely. Failure to notify CareAssist of the completion of any assignment will be considered job abandonment and unemployment may be denied. I certify, through my signature below, that I have worked the hours listed on this form and that the hours reflected are true and accurate. I further acknowledge that I have not had any work related injuries or illnesses nor have I been subject to any workplace discrimination or harassment.

Caregiver Signature _____ Date _____

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Task Id	Description	Task Id	Description
Assistance		Member Monitoring	
10	Grocery Shop	50	Blood Pressure
11	Exercise (Walking Only)	51	Oral Temp
12	Assist w/ Treatments	52	Pulse
13	Shopping/Errands	53	Respirations
14	Accompany to Doctor	54	Weight
15	Pickup Medications	55	Record Food Intake
16	Escort	56	Record Fluid Intake
18	Medication Reminders	57	Record B.M
19	Budget Management		Other
Bathing/Personal Hygiene		60	Other Activities
20	Shaving/Oral Care	61	Education of Caregivers
21	Dressing	62	Service Animal Care
22	Foot Care		Safety
23	Bathing	70	Assess Safety Status of Residence
24	Routine Hair and Skin Care		Toileting
25	Nail Care	80	Empty Colostomy Bag
	Housekeeping	82	Toileting
30	Change Linen	83	Hygiene in Toileting
31	Laundry	84	Toilet Scheduling
33	Cleaning Living Areas	85	Assist w/ Scheduling
34	Clean Kitchen	86	Teach and Train
35	Clean Bathroom	89	Assist w/Bedpan
36	Dusting		Transfers/Ambulation
37	Mopping	90	Ambulate Client w/Cane
38	Vacuuming	91	Ambulate
39	Trash Removal	92	Ambulate Client w/Walker
	Meal Preparation	93	Transfer and Ambulation(walking)
40	Feeding/Eating	94	Turn and Position every 2 hours
41	Meal Preparation	95	Balance
42	Meal Delivery x 1	96	Hoyer Lift
43	Meal Delivery x 7	97	Position/Apply Assistive Device
49	Meal Planning	98	Assist w/Braces/Prostheses

ClearCare

Private Client



Use ClearCare for all Private Clients. This is also CareAssist's primary source of communication.

1-888-640-8189

Listen to the prompts and press (1) to clock in or to choose name. Listen to care plan for the day.

BlueCrossBlueShield

CHOICES



Using the Galaxy tablet in the member's home, log in as follows:

- Company ID: 3-6156
- Username: first initial followed by last name
- Password: Careassist.1

If the tablet is not working, please call the office and then call one of the following numbers.

*Your ID is the last 4 digits of your SSN

1-844-557-0098

1-855-884-4732

Do not call these numbers without permission from the CareAssist office.

AmeriGroup

CHOICES



Using the Galaxy tablet in the member's home or by smartphone app on your phone, log in as follows:

- Company ID: careassist
- Username: first initial followed by last name
- Password: Careassist.1
- Security Image: Red car

If the tablet is not working, please call the office and then call one of the following numbers. You will need your personal AGE PIN # and the CareAssist IVR PIN 213.

1-423-425-9330

1-855-936-1116

Do not call these numbers without permission from the CareAssist office.

United Healthcare

CHOICES



Using the Galaxy tablet in the member's home or by smartphone app on your phone, log in as follows:

- Company ID: careassistinc
- Username: first initial followed by last name
- Password: Careassist.1
- Security Image: Red car

If the tablet is not working, please call the office and then call one of the following numbers. You will need your personal UHC PIN # and the CareAssist IVR PIN 097.

1-423-425-9320

1-855-956-1516

Do not call these numbers without permission from the CareAssist office.