

RESPITE/ATTENDANT CARE COMPANION SERVICE

DATE: _____ ACCOUNT NUMBER: _____

BENEFICIARY/CLIENT NAME: _____

CAREGIVER NAME: _____ AGREED RATE OF HOURLY PAY: \$ _____

PAY PERIOD BEGINNING: _____ PAY PERIOD ENDING: _____

DATE	START TIME	END TIME	DESCRIPTION OF SERVICES PROVIDED <i>ex: bathing/dressing, medical, house cleaning, errands, appointments</i>	TOTAL DAILY HOURS	EXPENSES/ EXTRA FEE	DAILY TOTAL
WEEKLY TOTALS:				TOTAL WEEKLY HOURS	TOTAL EXPENSES	TOTAL DUE

INSTRUCTIONS

- Record hours and activities performed each day that you work. Time that is submitted without a description of daily activities will not be approved.
- Total your daily hours.
- Total your hours for the week.
- Sign the time sheet and have Client or Manager sign.
- Time sheets should be submitted no later than 9 am each Monday morning. Fax to 215-358-2291 or email@goodshepherd.org

CAREGIVER SIGNATURE: _____

CLIENT/MANAGER SIGNATURE: _____

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED. FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.
GOODSHEPHERDFUND.ORG