



Mobile Personal Services, Inc. Aide Activity Record

Employee Name:	Client Name:
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Type of Care: HHA LIVE IN COMPANION RESPITE

DATE OF SERVICE: <small>(MM/DD/YYYY)</small>	
TIME IN:	Check One: AM PM
TIME OUT:	Check One: AM PM
TOTAL HOURS:	

DUTIES PERFORMED	√ Only
Sponge / Bed Bath	
Assist with Chair Bath	
Shower	
Shower w/chair	
Shampoo Hair	
Hair Care/Comb Hair	
Oral Care	
Skin Care	
Pericare	
Nail Care	
Shave	
Assist with Dressing	
Incontinence Care	
Dangle on Side of Bed	
Turn & Position	
Assist with Transfer	
Assist with Ambulation	
Make Bed	
Change Linen	
Light Housekeeping	
Meal Set-up	
Assist with Feeding	
Laundry	
Grocery Shopping	

NOTES FOR FILLING OUT FORM:

- Use *Blue Ink ONLY*
- No White-Out at all on this form
- Do not write notes on this sheet, use client notes for any written documentation

CASH ONLY* amount from client (\$)	Amount Spent (\$)	Amount returned to client (\$)	Client Initials	Employee Initials

* NO DEBIT / CREDIT CARDS OR BLANK CHECKS

EMPLOYMENT AGREEMENT: I certify that these hours are true and correct and that my work is satisfactory. I understand that if I accept direct employment from the above client that I agree to pay Mobile Personal Services actual damages up to and including \$5,000.00. I further certify that I have not been injured during my work shift(s), nor have I witnessed any accident resulting in injury to someone else. Payroll will not be submitted for processing until all notes are received.

EMPLOYEE SIGNATURE:	DATE:
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CLIENT AGREEMENT: I certify that the above hours are true and correct and that the employee performed in a satisfactory manner. I will not offer the employee direct employment without written authorization and agree to a payment of liquidation fee up to and including \$5,000.00 as agreed. Client agrees to pay the invoice upon receipt. A delinquent charge may be added on all past due accounts.

CLIENT SIGNATURE:	DATE:
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