HOME HEALTH AIDE TIMESHEET

One row per visit day: times, services provided, and miles. Client and aide both sign the week.

Aide / caregiver _____ **Agency** _____

Client _____ **Week starting (Mon)** _____

Day	Date	Time in	Time out	Break (min)	Hours	Services provided	Miles
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total hours

Total miles

GROSS PAY

Medicaid-funded personal care generally requires Electronic Visit Verification (EVV) under the 21st Century Cures Act — this sheet backs up and reconciles EVV records; it doesn't replace your agency's system.

Aide signature / date

Client / responsible party signature / date