COOMBS COMPASSIONATE HOME CARE INC ®™

Box 1680, 109-111 Main Road, Bay Roberts, NL AOA 1GO PH: 709-589-2191

		<u>P/</u>	Y PERIOD: Augus	t 28-September 10	<u>0, 2022</u>	
ACCESS WOR	KER:					
Family Name: (LAST)		(FIRST)				
Child/ren's Nam	ne(s):					
Address:						
	ed time sheet			ed in EVERY M onday after period	Ionday. end date. Please use	BLACK INK!
Week #1			ACTUAL VISIT TIN Please circle "am" or		TRAVEL TIME (# OF HRS.)	REPORTS COMPLETED please circle Yes or No and note number of reports
28	SUNDAY	Time of visit:	am/pm	am/pm		YES / NO
29	MONDAY	Time of visit:	am/pm	am/pm		YES / NO
30	TUESDAY	Time of visit:	am/pm	am/pm		YES / NO
31	WEDNESDAY	Time of visit:	am/pm	am/pm		YES / NO
1	THURSDAY	Time of visit:	am/pm	am/pm		YES / NO
2	FRIDAY	Time of visit:	am/pm	am/pm		YES / NO
3	SATURDAY	Time of visit:	am/pm	am/pm		YES / NO
WK #1 TOTAL HRS:			TOTAL of Visit Hou	irs:	TOTAL of Travel:	TOTAL of REPORTS:
	1	1				
Week #2		ACTUAL VISIT TIME Please circle "am" or "pm"			TRAVEL TIME (# OF HRS.)	REPORTS COMPLETED please circle Yes or No and note number of reports
4	SUNDAY	Time of visit:	am/pm	am/pm		YES / NO
5 (STAT)	MONDAY	Time of visit:	am/pm	am/pm		YES / NO
6	TUESDAY	Time of visit:	am/pm	am/pm		YES / NO
7	WEDNESDAY	Time of visit:	am/pm	am/pm		YES / NO
8	THURSDAY	Time of visit:	am/pm	am/pm		YES / NO
9	FRIDAY	Time of visit:	am/pm	am/pm		YES / NO
10	SATURDAY	Time of visit:	am/pm	am/pm		YES / NO
WK #1 TOTAL HRS:			TOTAL of Visit Hou	ırs:	TOTAL of Travel:	TOTAL of REPORTS:
C	ell phones ARE	required for emerg	rencies only BUT	Laptops or Tablets	s are NOT permitted a	I any time.
	-					
Agency Signature:						
Please Drop off or for	ward time sheets to	o : FAX: 594-2062	or E-mail: ju	uanita@coombshomec	are.com	
		FOR OFFIC	CE USE ONLY. P	LEASE LEAVE	BLANK.	
TOTAL HOURS TOTAL TIME O		VISITS:	TOTAL HOU		(IF APPLICABLE):_	

SEE CHEQUE/DD#: _____