



# CNA/HHA TIMESHEET

Patient Name: \_\_\_\_\_

I.C. Name: \_\_\_\_\_

	SUN	MON	TUE	WED	THU	FRI	SAT
Dates							
<b>ADLs</b>							
Bathing							
Dressing							
Toileting							
Transferring							
Ambulating							
<b>Personal Care</b>							
Grooming							
Skin Care							
Perineal Care							
Oral Hygiene							
<b>Other</b>							
Med Reminder							
Safety Precautions							
Time-In							
Time-Out							
Total							
Mileage							
Patient's Initials							
<b>Timesheets Due MONDAY by 9:00 AM</b> <b>FAX # (561) 637-4290</b>					<b>Total Hours</b>		
					<b>Total Mileage</b>		
<i>Nautilus Senior Home Care, 219 SE 23rd Ave, Boynton Beach, 33435</i>							
<p>I.C. - By signing, I hereby certify that all information is correct. I agree to the following: 1) \$7,500 "Finders Fee" in the event Nautilus finds me working privately/otherwise for one of their clients within 1 year of either the patient or myself discontinuing services and/or association with Nautilus; 2) A \$25 "Late Fee" for any timesheet the office receives past 9:00 am Monday; or an incomplete timesheet; 3) A \$25 fee for a "call off" with less than 2 hours notice.</p>							
					<b>CNA/HHA Signature</b>		<b>Date</b>
<p>Patient - By signing below, I hereby acknowledge that all information is correct and that I am personally responsible for paying my billed invoice as per the "Service Agreement," and to not solicit and/or have any of Nautilus Senior Home Care's CareSpecialists/Contractors work for me for a period of 1 year after services have ended with Nautilus; otherwise I will pay Nautilus \$7,500 in liquidated damages.</p>							
<b>Patient Signature</b>				<b>Date</b>			