



## Semi-Monthly Activities Logs

**For Care Recipient:**

\_\_\_\_\_

Month of: \_\_\_\_\_

Please check which pay period:

- 1<sup>st</sup> through 14<sup>th</sup>
- 15<sup>th</sup> through EOM(End of Month)

Day:																			
Time Shift Started:																			
Time Shift Ended:																			
Bathing																			
Incontinence Products																			
Dressing																			
Emptying Catheters																			
Hair/Nail Care																			
Housekeeping																			
Meal Preparation																			
Medication Reminders																			
Medication Admin																			
Range of Motion																			
Toileting																			
Transferring																			
Walk Assistance																			
Transportation (Miles Travelled)																			

Case Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Care Recipient/Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit Activities Logs on the 14<sup>th</sup> and last day of each month.** Please mail/drop off Activities Logs to: 130 Holiday Ct, Suite 106, Annapolis, MD 21401 or Fax them to: 443-853-2040. You may also scan/take a picture of the log and email it to: [timesheet@AHomemadePlan.com](mailto:timesheet@AHomemadePlan.com). Finally, you can fill this form out electronically at <http://www.AHomemadeplan.com/employment/time-entry/>