

SCAN, FAX and EMAIL TO (no photos):
TIMESHEETS@PlatinumSelectNursing.com

Referral CLIENT: _____

Independent Contractors Name

****FOR INSURANCE****
CHECK ALL THAT APPLY
HANDS ON ASSIST OR STAND BY ASSIST

WEEK OF _____

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
DATE							
PERSONAL CARE							
Bathing/Showering							
Hair Care							
Shave							
Skin Care							
DRESSING							
Assist with dressing							
Un-dress							
Assist select clothing							
EATING/FEEDS							
Feed client							
Assist meals cut up food, prep							
TOILETING							
Bathroom Activities							
Commode							
Diaper/Pads							
Urinal/ catheter care							
TRANSFERS							
Assist with walking							
Assist with standing							
Assist with turning							
Uses cane							
Uses walker							
HOMEMAKING							
Shopping							
Laundry							
MEDICATION							
Assist/ Reminders							

Report All Times to the Nearest ¼ Hour					Client Initials
Day	Date	Time Started	Time Finished	Daily Total	
SAT					
SUN					
MON					
TUES					
WED					
THURS					
FRI					
Total Hours for Week to Nearest ¼ Hour →					

CONTRACTOR: I certify that the hours shown are my total hours worked during the week and that they were properly certified by the employer or their agent.

CLIENT: My signature indicates that the contractor's work was performed satisfactorily and the times indicated above are accurate. I agree to pay for the services immediately upon receipt of invoice. Should collection procedures be necessary, I agree to pay all costs, including reasonable attorney's fees. It is also certified that any caregiver referred to client by Platinum Select Care, LLC cannot be employed by said client, or for the benefit of said client, for a period of twelve (12) months following the completion of each recorded assignment. Please refer to the Referral Service agreement for details. In the event the client violates this agreement, the client / client representative shall pay Platinum Select Care LLC, upon demand, \$10,000 as a nurse registry fee for finding and providing the staff member, agent or contractor.

Client Signature _____

Contractor Signature _____

EIN # _____

Comments: _____

