



MRN#	SOC:	Month:	Year:
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# VOLUNTEER DIRECT SUPPORT TIMESHEET

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ RNCM: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Rel: \_\_\_\_\_ Ph: \_\_\_\_\_ Alt: \_\_\_\_\_

Other: \_\_\_\_\_ Rel: # \_\_\_\_\_ Other: \_\_\_\_\_ Rel: # \_\_\_\_\_

Patient Resides:  Private Home  Facility Name: \_\_\_\_\_ Residence Ph. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

- Demographics**
- |                                      |                                     |                                       |   |
|--------------------------------------|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Oriented    | <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Hospital Bed | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Disoriented | <input type="checkbox"/> Bedrest    | <input type="checkbox"/> Catheter     | <input type="checkbox"/> Legally Blind    |
| <input type="checkbox"/> Confused    | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Incontinent  | <input type="checkbox"/> Speech           |
| <input type="checkbox"/> Forgetful   | <input type="checkbox"/> Walker     | <input type="checkbox"/> Commode      | <input type="checkbox"/>                  |
| <input type="checkbox"/> Lethargic   | <input type="checkbox"/> Cane       | <input type="checkbox"/> Oxygen       | <input type="checkbox"/>                  |

Special Circumstances:

POLST/DNR	<input type="checkbox"/> Yes <input type="checkbox"/> No
FULL CODE	<input type="checkbox"/> Yes <input type="checkbox"/> No
LIVE ALONE	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANIMALS IN HOME	<input type="checkbox"/> Yes <input type="checkbox"/> No
SMOKING IN HOME	<input type="checkbox"/> Yes <input type="checkbox"/> No
VETERAN	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIAGNOSIS:	

**CONTACT INFORMATION:** CarePlan ordered by IDT    Date Added    Date Ended

Contact	Date:	Date:	Date:	Date:	Date:	Date:	TOTALS			
<b>Type of Contact</b>	<input type="checkbox"/> Call	<input type="checkbox"/> Call	<input type="checkbox"/> Call	<input type="checkbox"/> Call	<input type="checkbox"/> Call	<input type="checkbox"/> Call	↓	<input type="checkbox"/> 11th Hour Support		
	<input type="checkbox"/> Visit	<input type="checkbox"/> Visit	<input type="checkbox"/> Visit	<input type="checkbox"/> Visit	<input type="checkbox"/> Visit	<input type="checkbox"/> Visit		<input type="checkbox"/> Art		
<b>Services Provided</b>	<input type="checkbox"/> Unmade Visit	<input type="checkbox"/> Unmade Visit	<input type="checkbox"/> Unmade Visit	<input type="checkbox"/> Unmade Visit	<input type="checkbox"/> Unmade Visit	<input type="checkbox"/> Unmade Visit	↓	<input type="checkbox"/> Bereavement		
	<input type="checkbox"/> Called VC	<input type="checkbox"/> Called VC	<input type="checkbox"/> Called VC	<input type="checkbox"/> Called VC	<input type="checkbox"/> Called VC	<input type="checkbox"/> Called VC		<input type="checkbox"/> CG Errand Assistance		
<i>Check off Services provided at each visit from the list of services listed on the Care Plan ordered by IDT</i>	<input type="checkbox"/> 11th Hour	<input type="checkbox"/> 11th Hour	<input type="checkbox"/> 11th Hour	<input type="checkbox"/> 11th Hour	<input type="checkbox"/> 11th Hour	<input type="checkbox"/> 11th Hour	↓	<input type="checkbox"/> CG Respite		
	<input type="checkbox"/> Art	<input type="checkbox"/> Art	<input type="checkbox"/> Art	<input type="checkbox"/> Art	<input type="checkbox"/> Art	<input type="checkbox"/> Art		<input type="checkbox"/> CarePals		
	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Bereavement		<input type="checkbox"/> Companionship		
	<input type="checkbox"/> CG Errand Asst	<input type="checkbox"/> CG Errand Asst	<input type="checkbox"/> CG Errand Asst	<input type="checkbox"/> CG Errand Asst	<input type="checkbox"/> CG Errand Asst	<input type="checkbox"/> CG Errand Asst		<input type="checkbox"/> Haircut		
	<input type="checkbox"/> CG Respite	<input type="checkbox"/> CG Respite	<input type="checkbox"/> CG Respite	<input type="checkbox"/> CG Respite	<input type="checkbox"/> CG Respite	<input type="checkbox"/> CG Respite		<input type="checkbox"/> Life Review		
	<input type="checkbox"/> CarePals	<input type="checkbox"/> CarePals	<input type="checkbox"/> CarePals	<input type="checkbox"/> CarePals	<input type="checkbox"/> CarePals	<input type="checkbox"/> CarePals		<input type="checkbox"/> Housekeeping		
	<input type="checkbox"/> Companionship	<input type="checkbox"/> Companionship	<input type="checkbox"/> Companionship	<input type="checkbox"/> Companionship	<input type="checkbox"/> Companionship	<input type="checkbox"/> Companionship		<input type="checkbox"/> Massage		
	<input type="checkbox"/> Haircut	<input type="checkbox"/> Haircut	<input type="checkbox"/> Haircut	<input type="checkbox"/> Haircut	<input type="checkbox"/> Haircut	<input type="checkbox"/> Haircut		<input type="checkbox"/> Meal Prep		
	<input type="checkbox"/> Life Review	<input type="checkbox"/> Life Review	<input type="checkbox"/> Life Review	<input type="checkbox"/> Life Review	<input type="checkbox"/> Life Review	<input type="checkbox"/> Life Review		<input type="checkbox"/> Music/Reading		
	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Housekeeping		<input type="checkbox"/> Notary Services		
	<input type="checkbox"/> Massage	<input type="checkbox"/> Massage	<input type="checkbox"/> Massage	<input type="checkbox"/> Massage	<input type="checkbox"/> Massage	<input type="checkbox"/> Massage		<input type="checkbox"/> Yard/Outdoor		
	<input type="checkbox"/> Meal Prep	<input type="checkbox"/> Meal Prep	<input type="checkbox"/> Meal Prep	<input type="checkbox"/> Meal Prep	<input type="checkbox"/> Meal Prep	<input type="checkbox"/> Meal Prep		<input type="checkbox"/>		
	<input type="checkbox"/> Music/Reading	<input type="checkbox"/> Music/Reading	<input type="checkbox"/> Music/Reading	<input type="checkbox"/> Music/Reading	<input type="checkbox"/> Music/Reading	<input type="checkbox"/> Music/Reading		<input type="checkbox"/>		
	<input type="checkbox"/> Notary Service	<input type="checkbox"/> Notary Service	<input type="checkbox"/> Notary Service	<input type="checkbox"/> Notary Service	<input type="checkbox"/> Notary Service	<input type="checkbox"/> Notary Service		<input type="checkbox"/>		
<input type="checkbox"/> Yard/Outdoor	<input type="checkbox"/> Yard/Outdoor	<input type="checkbox"/> Yard/Outdoor	<input type="checkbox"/> Yard/Outdoor	<input type="checkbox"/> Yard/Outdoor	<input type="checkbox"/> Yard/Outdoor	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Time Spent</b>										
<b>*Miles Driven</b>		<i>*Enter mileage only if you want to be reimbursed.</i>								

I acknowledge that I have complied with the Volunteer CarePlan as it was ordered. Audit Date: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Auditor Initials: \_\_\_\_\_