



Alliance Health Care
 2260 Cliff Road Eagan MN 55122
 651-895-8030

WEEKLY HOMEMAKER/COMPANION REPORT

CLIENT'S NAME
 HOMEMAKER
 HOMEMAKING SUPERVISOR

Month:	Year:	Date:																	
			S	M	T	W	T	F	S				S	M	T	W	T	F	S
Socialization										Living Room:									
Meal Preparation										Dust									
B=Breakfast G=Good										Vacuum									
L=Lunch F=Fair										Bathroom:									
D=Dinner P=Poor										Clean Toilets/Sinks									
S=Snack R=Refused										Sweep Floor									
Kitchen:										Mop Floor									
Wash Dishes										Clean Shower/Bathtub									
Clean Stove/Oven										Empty Garbage									
Clean Refrigerator										Bedroom:									
Empty Garbage										Change Bed Linen									
Sweep Floor										Dust									
Mop Floor										Vacuum									
Laundry:										Empty Garbage									
Load Washing Machine										Errands:									
Load Dryer																			
Fold Clothes																			
Put Away Clothes																			
Other:																			

Complete the above according to the Homemaker Activity Plan. For additions, changes, or deletions, contact the supervisor.

Comments: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							

Total: _____

I certify that the hours shown above are correct and that the employee performed satisfactorily.

CLIENT SIGNATURE
 DATE
 HOMEMAKER SIGNATURE
 DATE