



9531 W 78th Street, Suite# 230 Eden Prarie, MN 55344
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COMPANION WEEKLY CHECKLIST

Client Name: _____ Staff Name: _____

Week From: _____ To: _____

	SAT	SUN	MON	TUES	WED	THURS	FRI
DATE: (MM/DD/YY)							
TIME IN:							
TIME OUT:							
MEAL PREPARATION							
SUPERVISION							
SOCIALIZATION							
LIGHT HOUSEKEEPING							
LAUNDRY							
SHOPPING							
<u>CLIENT INITIALS</u>							

I understand that I am responsible for the hours of service rendered and that the minimum levels of service charges are two (2) hours.

Signature of Client _____ Date _____ 20____

I certify the above hours to be accurate hours I performed for service.

Staff Signature _____ Date _____ 20____