



9531 West 78th Street Suite#230 Eden Prairie, MN 55344
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HOMEMAKING WEEKLY CHECKLIST

CLIENT NAME _____ STAFF NAME _____

Week From _____ To _____

Day of Week	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Date							
Time In							
Time Out							

HOMEMAKING	S A T	S U N	M O N	T U E	W E D	T H U	F R I
CARE OF BATHROOM							
CARE OF BEDROOM							
CARE OF KITCHEN							
CARE OF LIVING ROOM							
VACUUMING OR SWEEPING							
DUSTING							
MOPPING							
BED MAKING							
LINEN CHANGE							
GROCERY SHOPPING							
ACCOMPANY TO APPT.							
LAUNDRY							
MEAL PREPARATION							
TRASH							
ERRANDS							
OTHER (LIST BELOW)							
CLIENT INITIALS							

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____