

Client/Patient Signature Sheet

Employee Name (PRINT): _____

Week Ending Date: _____ (Week is Sunday through Saturday)

Client/Patient Printed Name: _____

Date	Time In	Time Out	Type	Client/Patient/Representative Signature

One Signature Sheet per Client/Patient

PRIVATE PAY CLIENTS' ERRAND/TRANSPORT MILEAGE MUST BE RECORDED ON "PRIVATE PAY MILEAGE TRACKER"

MEDICAID CLIENTS ERRAND/TRANSPORT MILEAGE MUST BE RECORDED ON "MEDICAID MILEAGE TRACKER"

Print your name on the line provided at the top of the page. CLEARLY print your client/patient's first and last name on the line provided.

ONE SIGNATURE SHEET PER CLIENT PER WEEK.

If you have multiple types of visits for the same client back-to-back, please sign in and sign out for each type of visit and have client sign each line.

All signature sheets are due to the office by **12 PM. on Tuesdays** for the previous week of services.

Signature sheets can be faxed directly to QA at: 317-672-2789

Or emailed to Christine at cmason@healathomeindy.com

You MUST clock in and out via the **CLIENT'S PHONE** for each visit and chart when clocking out.

For all shifts, make sure you respond to the task performed during that visit before hanging up when clocking out.

Your clock in/out times MUST match the times on your signature sheet.

Employee Signature: _____

Date: _____