

AHHC

Client Name: _____ **Week Ending Date:** _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Start Time:							
Finish Time:							
Total:							
Week Ending Total:							

Activities of Daily Living - Assistance with:

Bathing:							
Dressing:							
Eating:							
Toileting:							
Transfer:							

Instrumental Activities:

Housekeeping:							
Laundry:							
Meal Prep:							
Med. Reminder:							
Shopping:							

Nurses Notes: _____

The below signed client and caregiver, understand and agree that AHHC is the contractor of health care professionals assigned to the client and that neither shall attempt to circumvent the contract entered into by both caregiver and client with AHHC by providing services or retaining the caregiver either directly or indirectly, individually or through any other entity while the caregiver or client is associated with AHHC and for a period of two years from the disassociation of either party from AHHC. If either violates the foregoing, we each agree to pay AHHC, upon demand, the sum of \$10,000.00 as liquidated damages in addition to payment of reasonable attorney's fees and costs of AHHC to enforce the provision.

Caregiver Name: _____ **Caregiver Signature:** _____

PRINT NAME

TO BE COMPLETED BY CLIENT OR FAMILY MEMBER

Total Weekly Hours: _____ **Client Signature:** _____

Total Service Days: _____ **Date:** _____