



CAREGIVER WEEKLY TIMESHEET

Return Forms to:
SHIP
PO Box 64913
St. Paul, MN 55164-0913

Insured:

Policy Number:

If you have any questions, please call 877-450-5824

CAREGIVER INSTRUCTIONS

1. Complete a new timesheet each week.
2. Indicate in EVERY box EACH day the level of assistance provided ON THAT DAY using the Charting Key to the right.
3. Enter the start and end times and number of hours worked EVERY day, along with a weekly total number of hours and total pay at the end.
4. Write a daily note describing the insured's care needs, problems, appointments, important events, or change in condition.
5. Print your name, relationship to insured, sign, and date the completed form.
6. The insured or the insured's legal representative must also print his or her name, sign, and date the completed form.

CHARTING KEY

X = Not done today
I = Insured performed task Independently
S = Supervise/ Standby Assist within arm's reach
A = Hands-on Assistance required to complete task

Activity Date	Reimbursement Rate \$___/ Hour or Day	Feed	Bath	Dress	Toilet / Continent	Walk / WC	Transfer	Meds	Meal Prep	Clean & Laundry	Shop & Transport
Monday	Time In										
Mo/day/yr	Time Out	Note									
__/__/__	Total # Hrs										
Tuesday	Time In										
__/__/__	Time Out	Note									
__/__/__	Total #Hrs										
Wednesday	Time In										
__/__/__	Time Out	Note									
__/__/__	Total #Hrs										
Thursday	Time In										
__/__/__	Time Out	Note									
__/__/__	Total #Hrs										
Friday	Time In										
__/__/__	Time Out	Note									
__/__/__	Total #Hrs										
Saturday	Time In										
__/__/__	Time Out	Note									
__/__/__	Total #Hrs										
Sunday	Time In										
__/__/__	Time Out	Note									
__/__/__	Total #Hrs										

TOTAL WEEKLY HOURS _____ **TOTAL WEEKLY PAY \$** _____

Caregiver relationship to Insured: _____ Caregiver SSN#: _____

BY SIGNING I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT UNDER PENALTY OF PERJURY

Caregiver Name (Print) _____ Signature _____ Date _____

Insured / Legal Representative Name (Print) _____ Signature _____ Date _____