

**UNITED ELDER CARE SERVICES**  
D/B/A **BOCA HOME CARE SERVICES**  
**AIDE ACTIVITY NOTES**

**YOUR TIME SHEET IS DUE EACH AND EVERY MONDAY BY 12:00NOON – THERE ARE NO EXCEPTIONS**

**IMPORTANT REMINDER!!**

TO MAKE SURE YOU RECEIVE YOUR PAY ADVANCE FOR ALL CONTRACTED HOURS WORKED,  
PLEASE FILL OUT CORRECTLY

Independent Contractor \_\_\_\_\_ Referral \_\_\_\_\_  
(print your name clearly) (print referral's name clearly)

**2 SEPARATE AIDE ACTIVITY NOTES REQUIRED FOR WEEKEND SHIFTS – ONE FOR SATURDAY AND ONE FOR SUNDAY)**

please use new time sheet  
for next day of new week 

	First day of the week							Last day of the week
Day	Sun. (Day 1)	Mon. (Day 2)	Tues. (Day 3)	Wed. (Day 4)	Thurs. (Day 5)	Fri. (Day 6)	Sat. (Day 7)	
Date (enter for each day)								
Start Time (enter time or LI = Live In)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Finish Time (enter time or LI = Live In)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Total Hours (enter total of hours worked)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
Mileage								
Client Initials								
<b>Activities must be checked for each day</b>								
Bathing Assistance								
Dressing Assistance								
Toileting Assistance								
Incontinent								
Transferring Assistance								
Assistance with Walking								
Assistance with Feeding								
Homemaker Services								
B= Bedbound W= Walker W/C = Wheelchair C= Cane								
Mental Status: C= Confused								

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is also certified any aide referred to client by United Elder Care Services, Inc. d/b/a Boca Home Care Services cannot be employed by said client, or for the benefit of said client, for a period of twelve (12) months following the completion of each recorded assignment. Please refer to assigned agreement for details. In the event the Client violates the previously stated condition, Client and/or Client Representative shall pay United Elder Care Services, Inc. upon demand, the sum of \$10,000 as a nurse registry fee for finding and providing the staff member, agent of contractor. Additionally, legal fees will be applied.

Independent Contractor \_\_\_\_\_ EIN# \_\_\_\_\_  
(Print your name clearly)

Independent Contractor (signature) \_\_\_\_\_ Referral's Signature \_\_\_\_\_  
I certify that the hours shown are my total hours worked during the week and that (required)  
they were properly certified by the employer or their agent.