# 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

<table>
<thead>
<tr>
<th>Independent Contractor</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>(print your name clearly)</td>
<td>(print referral’s name clearly)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>First day of the week</th>
<th>Last day of the week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun. (Day 1)</td>
<td>Mon. (Day 2)</td>
</tr>
<tr>
<td>Date (enter for each day)</td>
<td>AM</td>
</tr>
<tr>
<td>Start Time (enter time or LI = Live In)</td>
<td>AM</td>
</tr>
<tr>
<td>Finish Time (enter time or LI = Live In)</td>
<td>PM</td>
</tr>
<tr>
<td>Total Hours (enter total of hours worked)</td>
<td>AM</td>
</tr>
</tbody>
</table>

Mileage

Client Initials

**Activities must be checked for each day**

- 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 _____________________________________________
(Print your name clearly)

EIN# _____________________________________________

Independent Contractor (signature) ____________________________

Referral’s Signature _____________________________________________
(required)

I certify that the hours shown are my total hours worked during the week and that they were properly certified by the employer or their agent.