Independent Health Care Service

NURSING • PERSONAL CARE • HOME HELP • HANDYMAN 4 Sunderland Street, Moonah, Tasmania, 7009 Phone: (03)6228 3899 Fax: (03)6228 9711

Community Care Time Sheet

2
IHCS
INDEPENDENT HEALTH CARE SERVICE

Version 18.10

Name:				Classification:				ortnight	Ended:			
DATE	DAY	CLIENT'S NAME	SHIFT AM/PM/ ND	START	FINISH	TOTAL MINUTES	TOTAL HOURS TO BE PAID	KM's	TOOL USE	CODE VHC & OTHERS	SERVICE PLAN No. or DVA Personal Care mins	CLIENT'S SIGNATURE
		•			•	Total						
OFFICE	USE ONL	Y					-	-	4			

CLIENT'S NAME

TOTAL KM'S

AMOUNT PAYABLE

CLIENT'S NAME

TOTAL KM'S

AMOUNT PAYABLE

Timesheet Quick Reference:

ALL PACKAGES EXCEPT VHC Clients:

DATE	DAY	CLIENT'S NAME	SHIFT AM/PM/ ND	START	FINISH	TOTAL MINUTES	TOTAL HOURS TO BE PAID	KM's	TOOL USE	CODE VHC & OTHERS	SERVICE PLAN No. or DVA Personal Care mins	CLIENT'S SIGNATURE
1/1/18	Mon	John Citizen	AM	9:00	10:00	60	1			DVA	47	me

Start and finish time is the exact time you arrived and left client's home.

VHC Clients:

DATE	DAY	CLIENT'S NAME	SHIFT AM/PM/ ND	START	FINISH	TOTAL MINUTES	TOTAL HOURS TO BE PAID	KM's	TOOL USE	CODE VHC & OTHERS	SERVICE PLAN No. or DVA Personal Care mins	CLIENT'S SIGNATURE
2/1/18	Tue	John Citizen	AM	9:15	10:15	60	1			DA-	-7654321	m
3/1/18	Wed	John Citizen	PM	13:25	15:25	120	2			PC —	7654322	me
5/1/18	Fri	John Citizen	AM	11:15	14:15	120	2			RC-	-7654323	me

Domestic Assistance (DA); Personal Care (PC); Respite Care (RC).

Unexpected event: Not Home / In Hospital / Double Booked / Declined Care

DA	ATE	DAY	CLIENT'S NAME	SHIFT AM/PM/ ND	START	FINISH	TOTAL MINUTES	TOTAL HOURS TO BE PAID	KM's	TOOL	CODE VHC & OTHERS	SERVICE PLAN No. or DVA Personal Care mins	CLIENT'S SIGNATURE
1/1	/18	Mon	John Citizen	PM	14:00	14:10	10	1			PS		Not Home refer Tash

Please put exact time you arrived and left client's home, describe the event with the name of the co-ordinator that you notified in client's signature column.

How to submit timesheet:

Physically:

- 1. Business Hours: place in timesheet box;
- Outside Business Hours: letter slot on the front door of main office;

Electronically:

- 3. Via email: accounts@independenthealth.com.au
- 4. Via Fax: 6228 9711.

If sending a copy of your timesheet electronically, please make sure the original timesheet is sent at your earliest convenience.



Independent Health Care Service

NURSING • PERSONAL CARE • HOME HELP • HANDYMAN

DATE	DAY	CLIENT'S NAME	SHIFT AM/PM/	START	FINISH	TOTAL MINUTES	TOTAL HOURS	KM's	TOOL USE	CODE VHC &	SERVICE PLAN No. or	CLIENT'S SIGNATURE
			ND				TO BE PAID			OTHERS	DVA Personal Care mins	