

Client Name:

Caregiver Name:

Employee #:



MCFI

2020 W Wells Street
Milwaukee, WI 53233

Main: (414) 290-0050
Toll-Free: (888) 381-5696
Payroll Fax: (414) 755-7063
Payroll Email: hcpayroll@mcfi.net

| Date | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| COVID-19 Screening (Caregiver and Client) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Start and End Time | Time In | | | | | | |
| | Time Out | | | | | | |
| | Time In | | | | | | |
| | Time Out | | | | | | |
| | Time In | | | | | | |
| | Time Out | | | | | | |
| | Time In | | | | | | |
| | Time Out | | | | | | |

| Advanced Personal Cares/RN Delegated Tasks Per Care Plan | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| B/P, P SPO2 check/record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Glucose Checks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bowel Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Catheter Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Complex Positioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CPAP/BIPAP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medication Assistance/Remind | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nebulizer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxygen/O2 Assist/Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Range of Motion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Splints/Braces On/Off | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hoyer Lift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sit to Stand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments on Client Condition
Were there any changes in the client's overall function? Write Yes or No. If yes, please explain:

Were there any changes in the client's physical and/or emotional health? Yes or No. If yes, please explain:

| Personal Care/SHC Per Care Plan | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Accompany to the Grocery Store | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accompany to Medical Appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ambulation Assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Companionship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean Medical Equipment/DME | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dress/Undress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Glasses/Hearing Aid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grocery Shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grooming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hair Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Incontinent Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Light Housekeeping/Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meal Preparation/Eating Assistance/Setup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nail Care Non-Diabetic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shaving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shower/Tub Bath/Bed Bath/Sponge Bath | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TED Stockings On/Off | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toileting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transfer Simple | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Were there any cares assigned which were not completed? Yes or No. If yes, please explain:

In case of client change of condition, call MCFI Home Care immediately. We are available by phone 24/7. For emergency, call 911.

Registered Nurse Signature

Client or Legal Representative: My signature indicates that I attest that the caregiver has worked the hours stated and services have been provided in accordance with the care plan. Note: Please contact MCFI Home Care regarding any questions related to your services.

Client Signature

Date

Employee Verification: I attest that the above record of time is true and accurate in accordance with my task list.

Caregiver Signature

Date

2020 MCFI Home Care Provider Payroll Schedule

| Pay Period | | Pay Period Begin Date (Sun) | Pay Period End Date (Sat) | Timesheet Due Date (Tuesday) | Processing Date (following Tues) | Pay Date (Fri) |
|------------|-----|-----------------------------|---------------------------|------------------------------|----------------------------------|----------------|
| 1 | WK1 | 12/08/19 | 12/14/19 | 12/17/19 | 12/31/2019 | 1/3/2020 |
| | WK2 | 12/15/19 | 12/21/19 | 12/26/19 *THURS* | | |
| 2 | WK1 | 12/22/19 | 12/28/19 | 12/31/19 | 1/14/2020 | 1/17/2020 |
| | WK2 | 12/29/19 | 01/04/20 | 01/07/20 | | |
| 3 | WK1 | 01/05/20 | 01/11/20 | 01/14/20 | 1/28/2020 | 1/31/2020 |
| | WK2 | 01/12/20 | 01/18/20 | 01/21/20 | | |
| 4 | WK1 | 01/19/20 | 01/25/20 | 01/28/20 | 2/11/2020 | 2/14/2020 |
| | WK2 | 01/26/20 | 02/01/20 | 02/04/20 | | |
| 5 | WK1 | 02/02/20 | 02/08/20 | 02/11/20 | 2/25/2020 | 2/28/2020 |
| | WK2 | 02/09/20 | 02/15/20 | 02/18/20 | | |
| 6 | WK1 | 02/16/20 | 02/22/20 | 02/25/20 | 3/10/2020 | 3/13/2020 |
| | WK2 | 02/23/20 | 02/29/20 | 03/03/20 | | |
| 7 | WK1 | 03/01/20 | 03/07/20 | 03/10/20 | 3/24/2020 | 3/27/2020 |
| | WK2 | 03/08/20 | 03/14/20 | 03/17/20 | | |
| 8 | WK1 | 03/15/20 | 03/21/20 | 03/24/20 | 4/7/2020 | 4/10/2020 |
| | WK2 | 03/22/20 | 03/28/20 | 03/31/20 | | |
| 9 | WK1 | 03/29/20 | 04/04/20 | 04/07/20 | 4/21/2020 | 4/24/2020 |
| | WK2 | 04/05/20 | 04/11/20 | 04/14/20 | | |
| 10 | WK1 | 04/12/20 | 04/18/20 | 04/21/20 | 5/5/2020 | 5/8/2020 |
| | WK2 | 04/19/20 | 04/25/20 | 04/28/20 | | |
| 11 | WK1 | 04/26/20 | 05/02/20 | 05/05/20 | 5/19/2020 | 5/22/2020 |
| | WK2 | 05/03/20 | 05/09/20 | 05/12/20 | | |
| 12 | WK1 | 05/10/20 | 05/16/20 | 05/19/20 | 6/2/2020 | 6/5/2020 |
| | WK2 | 05/17/20 | 05/23/20 | 05/26/20 | | |
| 13 | WK1 | 05/24/20 | 05/30/20 | 06/02/20 | 6/16/2020 | 6/19/2020 |
| | WK2 | 05/31/20 | 06/06/20 | 06/09/20 | | |
| 14 | WK1 | 06/07/20 | 06/13/20 | 06/16/20 | 6/30/2020 | 7/3/2020 |
| | WK2 | 06/14/20 | 06/20/20 | 06/23/20 | | |
| 15 | WK1 | 06/21/20 | 06/27/20 | 06/30/20 | 7/14/2020 | 7/17/2020 |
| | WK2 | 06/28/20 | 07/04/20 | 07/07/20 | | |
| 16 | WK1 | 07/05/20 | 07/11/20 | 07/14/20 | 7/28/2020 | 7/31/2020 |
| | WK2 | 07/12/20 | 07/18/20 | 07/21/20 | | |
| 17 | WK1 | 07/19/20 | 07/25/20 | 07/28/20 | 8/11/2020 | 8/14/2020 |
| | WK2 | 07/26/20 | 08/01/20 | 08/04/20 | | |
| 18 | WK1 | 08/02/20 | 08/08/20 | 08/11/20 | 8/25/2020 | 8/28/2020 |
| | WK2 | 08/09/20 | 08/15/20 | 08/18/20 | | |
| 19 | WK1 | 08/16/20 | 08/22/20 | 08/25/20 | 9/8/2020 | 9/11/2020 |
| | WK2 | 08/23/20 | 08/29/20 | 09/01/20 | | |
| 20 | WK1 | 08/30/20 | 09/05/20 | 09/08/20 | 9/22/2020 | 9/25/2020 |
| | WK2 | 09/06/20 | 09/12/20 | 09/15/20 | | |
| 21 | WK1 | 09/13/20 | 09/19/20 | 09/22/20 | 10/6/2020 | 10/9/2020 |
| | WK2 | 09/20/20 | 09/26/20 | 09/29/20 | | |
| 22 | WK1 | 09/27/20 | 10/03/20 | 10/06/20 | 10/20/2020 | 10/23/2020 |
| | WK2 | 10/04/20 | 10/10/20 | 10/13/20 | | |
| 23 | WK1 | 10/11/20 | 10/17/20 | 10/20/20 | 11/3/2020 | 11/6/2020 |
| | WK2 | 10/18/20 | 10/24/20 | 10/27/20 | | |
| 24 | WK1 | 10/25/20 | 10/31/20 | 11/03/20 | 11/17/2020 | 11/20/2020 |
| | WK2 | 11/01/20 | 11/07/20 | 11/10/20 | | |
| 25 | WK1 | 11/08/20 | 11/14/20 | 11/17/20 | 12/1/2020 | 12/4/2020 |
| | WK2 | 11/15/20 | 11/21/20 | 11/24/20 | | |
| 26 | WK1 | 11/22/20 | 11/28/20 | 12/01/20 | 12/15/2020 | 12/18/2020 |
| | WK2 | 11/29/20 | 12/05/20 | 12/08/20 | | |
| 27 | WK1 | 12/06/20 | 12/12/20 | 12/15/20 | 12/29/2020 | 12/31/2020 |
| | WK2 | 12/13/20 | 12/19/20 | 12/22/20 | | |