



Submit route sheets by email in PDF format to notes@choicehmc.com

_____ of _____ pages

Tel. (818)894-4151 ~ Fax. (818) 894-4947 ~ 14101 Valleyheart Dr# 200 Sherman Oaks, CA 91423

*****USE ONE ROUTE SHEET PER FAMILY**

Nurse's Full Name: _____

Phone Number: _____

Route Sheets are due on the 1st and 16th of every month

Day of the week	Date (m/d/y)	Start Time	End Time	Total Hours	Name of Patient <i>(One route sheet per family)</i>	Parent/Guardian Signature <i>(Sign every line – NO INITIALS)</i>
Sunday		am pm	am pm			
Monday		am pm	am pm			
Tuesday		am pm	am pm			
Wednesday		am pm	am pm			
Thursday		am pm	am pm			
Friday		am pm	am pm			
Saturday		am pm	am pm			

Day of the week	Date (m/d/y)	Start Time	End Time	Total Hours	Name of Patient <i>(one route sheet per family)</i>	Parent/Guardian Signature <i>(Sign every line – NO INITIALS)</i>
Sunday		am pm	am pm			
Monday		am pm	am pm			
Tuesday		am pm	am pm			
Wednesday		am pm	am pm			
Thursday		am pm	am pm			
Friday		am pm	am pm			
Saturday		am pm	am pm			

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Sunday		am pm	am pm			
Monday		am pm	am pm			
Tuesday		am pm	am pm			
Wednesday		am pm	am pm			
Thursday		am pm	am pm			
Friday		am pm	am pm			
Saturday		am pm	am pm			

Total Hours: _____ Working more than 40 hours per week (all families combined) must be pre-approved by the office.

Nurse Signature:
X _____

I declare under penalty of perjury that the hours reported above are true, completed, and correct; represent all my actual work time; and were verified by the Client or Responsible Party. I further attest under penalty of perjury that during this pay period I adhered to all the policies of Choice Home Care, Inc; received the meal and or rest periods to which I was entitled, if any. Finally, if I remained at a client's home during my non-working hours, I declare under penalty of perjury that I (1) did not work (unless I otherwise notified Choice Home Care on my timecard) and was not on call during my non-working hours; (2) was relieved of all duties and not required

to remain on the premises or respond to the client during my non-working hours.

Additional Notes: _____

Office use only		
Hours	Verified by	Simetra
_____	_____	_____