

# CARING HEART HOME CARE AGENCY LLC

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## EVV Missed Punch In & Out Form

Duty #	Duty Completed		Duty #	Duty Completed	
115	Meal Preparation		131	Bowel Incontinence	
116	Housework/Chore		132	Personal Care	
117	Managing Finances		134	Bathing	
118	Managing Medications		137	Lotion/Ointment	
119	Shopping		138	Laundry	
120	Transportation		139	Reading/Writing	
122	Hygiene		140	Supervision/Coaching/Cuing	
123	Dressing Upper		141	Incontinence Care	
124	Dressing Lower		142	Catheter Care	
125	Locomotion		143	Wound Care	
126	Transfer		144	G-Tube Feeding	
127	Toilet Use		201	In Person Support	
128	Bed Mobility		202	Support Via Telephone	
129	Eating		203	Other	
130	Bladder Incontinence		204	Hair Care	

### POC Sheet Caring Heart Home Care Agency LLC

Type of Services Provided \_\_\_\_\_ Service Location \_\_\_\_\_

Date of Service: \_\_\_\_\_ Schedule time: \_\_\_\_\_

Missed Clock in \_\_\_\_\_ Missed Clock out \_\_\_\_\_ Both \_\_\_\_\_

Reason: \_\_\_\_\_

By the following Signature, I certify that the hours I missed for EVV confirmation are shown in this form are true and correct and the work was performed or carried out satisfactorily.

Consumer Name: \_\_\_\_\_

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Authorized By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_