

## **Windshield Timesheet - Home Care**

Same day travel time between client's homes. (See requirements below.)

Caregi	ver Name		Month/Year						
	Departure		Arrival			# of Miles			
Date	Time	Client Name	Time	Client Name	Travel Time	Traveled			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Used for traveling from one client to another, within a 2 hour time frame.									

•	Use	d f	or 1	travel	ling	trom	one	clien	t to	another,	with	in a	2	hour	time	trame
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- This is for travel time directly between clients only, not the entire gap time between clients.
- Windshield timesheets are due in the office on the 1st of each month.
- Limited to 30 minutes maximum per day.
- If you have any questions about this policy, please call the office for clarification.

<b>Caregiver Signature:</b>	