BROOKLINE COUNCIL ON AGING
HOME AND ESCORT LINKAGE PROGRAM
MONTHLY TIME SHEET:

*Please return to the H.E.L.P. office by **the 10th of the following month***

Name of Worker _____

Note the NUMBER OF HOURS this month you spent doing (all clients combined):

COMPANIONSHIP	_____	HEAVY CHORE	_____
GROCERY SHOPPING	_____	LAUNDRY	_____
ERRANDS	_____	MEAL PREP	_____
ESCORT	_____	ODD JOBS	_____
HOUSEKEEPING	_____	YARDWORK	_____

PLEASE LIST EACH CLIENT THAT YOU WORKED WITH THIS MONTH
(do not include clients for whom you are being paid through grant funding)

Client's Name	Rate - $	# of Hours	Total Payment

TOTAL HOURS THAT YOU WORKED THIS MONTH: _____

HOW MUCH MONEY DID YOU EARN THROUGH HELP THIS MONTH? $_____

PLEASE NOTE COMMENTS OR OBSERVATIONS ABOUT CLIENTS' WELL-BEING.
LIST ANY QUESTIONS OR CONCERNS YOU HAVE ABOUT A CLIENT:

PLEASE UPDATE YOUR AVAILABILITY IF YOU ARE LOOKING FOR MORE WORK

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