Submit route sheets by email in PDF format to notes@choicehmc.com ofpages  Tel. (818)894-4151 ~ Fax. (818) 894-4947 ~ 14101 Valleyheart Dr# 200 Sherman Oaks, CA 91423  ***USE ONE ROUTE SHEET PER FAMILY								
Tel. (818)894-415	o1 ~ Fax. (818) 8	94-4947 ~ 1410	1 Valleyheart D	r# 200 Sherman	Oaks, CA 91423 USE <u>ONE</u>	ROUTE SHEET PER FAIVILLY		
Nurse's Full N	ame:							
Phone Numbe	er:							
Day of the	Date	Route Start	Sheets ar	e due on th	ne 1st and 16th of every month	Parent/Guardian Signature		
week	(m/d/y)	Time	Time	Hours	(One route sheet per family)	(Sign every line – NO INITIALS)		
Sunday		am pm	am pm					
Monday		am	am					
Wienday		pm	pm					
Tuesday		am pm	am pm					
Wednesday		am	am					
		pm	pm					
Thursday		am pm	am pm					
F : 1		am	am					
Friday		pm	pm					
Saturday		am	am					
Sutu. uuy		pm	pm					
Day of the	Date	Start	End	Total	Name of Patient	Parent/Guardian Signature		
week	(m/d/y)	Time	Time	Hours	(one route sheet per family)	(Sign every line – NO INITIALS)		
	(111) (17)	am	am	110013	(one route sneet per junny)	(Sign every line No numbers)		
Sunday		pm	pm					
Monday		am	am					
,		pm	pm					
Tuesday	am pm		am pm					
Wednesday		am	am	_				
,		pm	pm					
Thursday		am	am					

week	(m/d/y)	Time	Time	Hours	(one route sheet per family)	(Sign every line – NO INITIALS)
Day of the	Date	Start	End	Total	Name of Patient	Parent/Guardian Signature
				•		
Saturday		pm	pm			
Saturday		am	am	•		
riludy		pm	pm			
Friday		am	am			
Titursuay		pm	pm			
Thursday		am	am			
vveunesday		pm	pm			
Wednesday		am	am			
Tuesday		pm	pm			
		am	am			
ivioriday		pm	pm			

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

Saturday		am	am						
		pm	pm						
		Т	otal Hours:		Working more than 40 hours per week (all families combined) must be pre-approved by the office.				
Nurse Signature:		l l	I declare under penalty of perjury that the hours reported above are true, completed, and correct; represent all my ac and were verified by the Client or Responsible Party. I further attest under penalty of perjury that during this pay peri						
V		and we	and were verified by the client of Responsible Farty. Further attest under perialty of perjury that during this pay period Fauthered to						

	Nurse Signature:	r declare under penalty of perjury that the nours reported above are true, completed, and correct, represent all my actual work time,							
X	.,	and were verified by the Client or Responsible Party. I further attest under penalty of perjury that during this pay period I adhered to							
	X	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							
L		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							
t	to remain on the premises or respond to the client during my non-working hours.								

 	 	 		Office use only	
			Hours	Verified by	Simetra