

Office: 954-598-2000  
 Office: 561-819-0888  
 Fax: 954-598-2002  
 4800 N. State Road 7 Ste 101F  
 Lauderdale Lakes, FL 33319

**CNA & HHA INVOICE**

**Independent Contractor**

Client Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 (Print Name) (Print Name)

Care Provided

Date	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Personal Hygiene							
Bathing/ Shower							
Skin Care							
Dressing/ Grooming							
Toileting/ Diapers							
Assist with Feeding							
Mobility							
Walking/ Ambulation Assist							
Walker / Wheelchair							
Transfer/ Hoyer Lift							
Reposition							
Medication Reminder							
Assist with Medication							
Safety							
Universal Precautions							
Fall Prevention							
I did not observe any injuries							
Bath Visit							

Mileage							
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Time-In							
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Time-Out							
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<b>Total</b>							
<b>Client Initials</b>							

**Total Weekly Hours:** \_\_\_\_\_

Independent Contractor - By signing below, I hereby certify that all information is correct.

Client- By signing below, I hereby acknowledge that all information is correct and that I am personally responsible for paying my bill in full each week, regardless as to if Schwartz Family Home Care, Inc. submits the insurance claim on my behalf and takes Assignment of Benefits.

\_\_\_\_\_  
**Independent Contractor Signature**                      **Date**                      **Client Signature**                      **Date**

Please submit to Schwartz Family Home Care Monday morning by 9:00am - Fax: 954-598-2002