



Weekly Invoice for HHA/CNA Services

This is an agreement between: (please print)

Client (print name) _____ and **(circle) HHA/CNA** (print name) _____

By signing below, the Client (or Client's Representative) is aware of and agrees that the role of Just Like Family Home Care (JLFHC) in this agreement is to act as the billing and collection agent for the independent contractor (HHA/CNA) specified above. To support billing and reimbursement, as well as other documentation requirements, the HHA/CNA will specify below the services he/she provided to the client, and will submit such completed form to JLFHC weekly for filing and appropriate action, as required by the State of Florida's Agency for Health Care Administration (AHCA). Also, the HHA/CNA will notify JLFHC, as well as the client's caregiver, regarding significant changes in the client's appearance, behavior or condition (including hospitalization). The signature of the Client/Client Representative provided for each item below indicates that he/she has reviewed the information specified for accuracy, including actual hours worked, and applicable mileage, toll or other expenses incurred by the HHA/CNA, and that he/she agrees to pay JLFHC for such services and expenses.

The Client/Client Representative should not sign off on items below if the information specified is either incomplete or not correct.

Activities of Daily Living																							
	M	O	N	T	H															Client/Client Representative Signature			
						Start Time	End Time	Total Time	Bathing	Dressing	Oral Hygiene	Shave	Skin Care	Ambulating/Transfer	Transport/Escort	Toileting	Supervision	Remind Medication	Prepare Meals/Feeding	Laundry/Change Linens	Light Housekeeping		
	M					AM PM	AM PM																
	T					AM PM	AM PM																
	W					AM PM	AM PM																
	T					AM PM	AM PM																
	F					AM PM	AM PM																
	S					AM PM	AM PM																
	S					AM PM	AM PM																

Mileage expenses (including bridge tolls) must be paid when the HHA/CNA uses his/her vehicle to provide transportation to the client. Toll expenses also must be paid when the HHA/CNA pays a toll to travel from his/her home to the client's home. The HHA/CNA will be reimbursed at the mileage reimbursement rate prescribed by the IRS without any fees or other charges paid to JLFHC, and reimbursement for tolls will be paid at actual cost. Examples of "other" expenses would be groceries or supplies, and those will be paid at actual cost.

Expense Reimbursement							
	Mileage			Tolls	Other	Reason for Other Expenses	Client/Client Representative Signature
	Total Miles	From (City)	To (City)	Tolls (\$)	Other Expenses (\$)		
M							
T							
W							
T							
F							
S							
S							