BROOKS ALTERNATIVE AGENCY INC.

Electronic Visit Verification Correction Form

Caregiver Name (Printed)	Client Name (Printed)

Signatures					
Client and Caregiver MUST sign below. Only full signatures with first and last name will be accepted. If client is physically unable to sign full name, witness must sign their full name after the client's mark. Client's signature certifies that the services documented are accurate and true.					
Date	Time In	Date	Time Out	Client Signature	Caregiver Signature

Plan of Care			
Task	✓	Task	✓
Tub	☐	Assist with Ambulation: W/c Walker/ Cane	☐
Shower	☐	Catheter Care	☐
Shower w/Chair	☐	Empty urinary bag	☐
Sponge bath	☐	Empty ostomy bag	☐
Assist with dressing	☐	Record Intake/Output	☐
Hair Care	☐	Medication Reminder	☐
Shampoo	☐	Passive ROM	☐
Skin Care	☐	Meal Preparation	☐
Foot Care	☐	Assist with Feeding	☐
Check Pressure Areas	☐	Limit/Encourage Fluids	☐
Nail Care	☐	Grocery Shopping	☐
Oral Care	☐	Wash Clothes	☐
Clean Dentures	☐	Equipment Care	☐
Assist with Elimination	☐	Light Housekeeping: Bedroom/Bathroom/ Kitchen/ Change Linen	☐

Reason for EVV Error (Select One & Add Notes)	
Forgot to use EVV ___ Phone/Device not working ___ Schedule Change not reported to office ___	Notes:

Complete and return to office within 48 hours or your pay may be delayed

Mail to:
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Philadelphia, PA 19146

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Email: Timesheets@brooksalternative.com