



Housekeeping

# While you were out...

Date: \_\_\_\_\_

## Task List

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
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## Cleaning Products I need

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Is your care provider a star? Log in to Care.com and give your care provider a star rating!



PROVIDER'S NAME: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_