

Pay Period \_\_\_\_\_ to \_\_\_\_\_

Client's Name: \_\_\_\_\_ Week Starting: / / Caregiver: \_\_\_\_\_

	Fri	Sat	Sun	Mon	Tues	Wed	Thurs
<b>Dates of Services</b> >>>> >>>> >> >>>>							
<b>Personal Care Task</b>							
Bathing (/Tub/ Shower/Bed)							
Grooming/ Shampooing/Nail Filing/Mouth/Dentures							
Assisting with Dressing							
Assisting With Toileting							
Other:							
<b>Medically Related Tasks:</b>							
Observing/Reporting changes in member condition							
Prescription pick-up							
Accompanying on medical appointments							
Medication reminder							
Providing watchful supervision/ Oversight							
Other:							
<b>Housekeeping Tasks:</b>							
Vacuuming/Sweeping/Dusting/Mopping							
Laundry/Changing Linens							
<b>Ambulation and Transfer:</b>							
Assisting With transfers/Walking/Physical Activities							
Assisting with Simple Exercise: Other							
<b>Home Management:</b>							
Assisting with Errands/Bill payment/Grocery Shopping							
Assisting with Food Stamp or Other applications							
Other:							
<b>Proper Nutrition:</b>							
Preparing Meals/Clean up/Assisting With Eating							
Observing and Reporting Meal Accumulation							
Observing/Reporting Food Storage							
Observing/Reporting Cooking Equipment Failure							
<b>Client's Initial</b>							
<b>Caregivers' Intials</b>							
<b>Arrival Time</b>							
<b>Departure Time</b>							
<b>Total Service Time For this Client ( )</b>							
<b>Total Hours For All Clients For Week ( )</b>							

I affirm that the dates,times,amount of service,initials,and signatures indicated on this document are accurate to the best of my knowledge

Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

