

CLIENT NAME: _____

Worker Name: _____

Client County: _____

Week Beginning _____ Week Ending _____

◆◆◆◆◆◆◆◆ HOMEMAKER (HM) ◆◆◆◆◆◆◆◆								◆◆ UNSKILLED RESPITE (UR) ◆◆																	
Days of Week	S	M	T	W	T	F	S	Days of Week	S	M	T	W	T	F	S	Days of Week	S	M	T	W	T	F	S		
Vac./Sweep/Mop								Obtain Rx drugs								Bathe Client									
Clean Oven/Stove								Purchase Food &/or								Skin/Hair/Oral/Nail									
Defr./Clean Fridge								Ess. Home Supplies								Dress Client									
Chnge/Wash Linen								Wash/Iron Clothes								Turn Client									
Make Bed								Write/Mail Letters								In/Out of Bed									
Wash Dishes								Assist with Phone								Feed Client									
Sanitize Bathroom								Orient to Day Events								Walk Client									
Assist Paying Bills								Home Safety								Bowel Bladder									
Prep/Serv Meal/Snak								Obsv/Rprt Cond.								Prep/Serv Meal/Snak									
Dust								Remind to take meds								Rmnd to take Meds									
Remove Trash								Total Service Time								Assist with Phone									
Tidy Living Area																Vac./Sweep/Mop									
◆◆◆◆◆◆◆◆ PERSONAL CARE (PC) ◆◆◆◆◆◆◆◆																									
Days of Week	S	M	T	W	T	F	S	Days of Week	S	M	T	W	T	F	S	Days of Week	S	M	T	W	T	F	S		
Bathe Client								Essent. Cleaning								Clean Oven/Stove									
Skin/Hair/Oral/Nail								Prep/Srv/Meal/Snack								Def./Clean Fridge									
Dress Client								Bowel/Bladder								Change/Wash Linen									
Turn Client								Remind to take Meds								Wash/Iron Clothes									
In/Out Bed								Assist with Phone								Wash Dishes									
Feed Client								Home Safety								Sanitize Bathroom									
Walk Client								Obsv/Rprt Condition								Assist. Pay Bills									
Essent. Laundry								Total Service Time								Dust									
																Make Bed									
																Tidy Living Area									
																Remove Trash									
◆◆◆◆◆◆◆◆ COMPANION (CO) ◆◆◆◆◆◆◆◆																									
Days of Week	S	M	T	W	T	F	S	Days of Week	S	M	T	W	T	F	S	Days of Week	S	M	T	W	T	F	S		
Meal/Snack/Prep								Go to medical Visits								Write/Mail Letters									
Laundry								Obtain Rx drugs								Orient Days Events									
Grocery Shopping								Toilet/Maint Continence								Obsv/rprt Condition									
Essent.HM Chores								Obsv/Report Condition								Home Safety									
Client Bath								Assist w/Communicatio								Total Service Time									
Grooming/Hygiene								Home Safety																	
Rmd to take Meds								Total Service Time																	
Comments:																									

I understand I am certifying I have recieved the services listed on dates specified. This is to certify that the information on this form is true, accurate and complete. Must be signed at the end of each shift, not the end of the week.

List Services provided in services box as : HM – Homemaker, PC – Personal Care, CO – Companion, UR Unskilled Respite

DATE	DAY	Time In	Time Out	Total Hours	Service	Client Signature	Worker Signature
	SU						
	MO						
	TU						
	WE						
	TH						
	FR						
	SA						

Reviewed by Supervisor/Date: _____