

Were you hospitalized? YES or NO
 Hospitalized from ___ / ___ / 2009 to ___ / ___ / 2009

Personal Care Assistance Service Log Sheet

DO NOT USE WHITEOUT - CONSUMER MUST MARK THROUGH AND INITIAL MISTAKES

Consumer _____

Attendant _____

Pay Period From ___ / ___ / 2009 ___ / ___ / 2009

Number of Hours Approved _____

Total Number of Hours worked in pay period _____

	Sat	Sun	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Mon	Tue	Wed	Thr	Fri
Date														
Personal Care: includes bath/shower, dressing/undressing/minor hygiene & etc..														
Toileting: includes bowel/bladder, cath care, asst. to and from the bathroom, and clean up														
Health: includes equip maintenance, meds, turning in bed, ROM, wound care														
Housekeeping: includes dusting, mopping sweeping, bathroom cleanup & laundry														
Meals: includes meal set-up, preparation, consumption and cleanup														
Transportation: includes Doctor's visits, essential shopping etc.														
You Must Circle AM or PM														
Time In:	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Time Out:	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Total Hours														
Consumer and Attendant Please Sign DAILY on vertical lines.														

Office Use only* Processed _____ Hours / Date _____ / Initials _____