

# PCA



17 Pierce Street  
Plainville, CT 06062  
(860) 793-9944

**TIME SHEET / PLAN OF CARE**

Customer Name \_\_\_\_\_

Week Ending \_\_\_\_/\_\_\_\_/20

Employee Name \_\_\_\_\_

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date							
Time In		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
Hours Worked							
<b>ADLs</b> Bathing							
Dressing							
Eating / Feeding							
Grooming							
Mobility / Walking							
Toileting / Bowel and Bladder Care							
Trasnfferring							
Oral Care							
<b>IADLs</b> Cueing / Reminders for Self							
Medication Administration							
Housekeeping							
Laundry							
Meal Preparation / Planning							
Shopping							
<b>Other</b> Accompany to Appointments							
Walks							
Conversation							
Errands							
Mail / Correspondence							
Assistance with Phone Calls							
Reading							
_____							
_____							

**ADL / IADL Codes**  
**R = Routine**  
**F = Frequent**  
**I = Intermittent**

*Customer Signature* *Customer Signature* *Customer Signature* *Customer Signature* *Customer Signature* *Customer Signature* *Customer Signature*

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**  
**!OBSERVE AND REPORT CHANGES IN CLIENT'S CONDITION TO THE AGENCY SUPERVISOR!**  
**Time sheets must be received by 9AM Tuesday. NO EXCEPTIONS.**  
**Drop off at the office or fax to (860)793-9943**  
**If you need to make any changes, make ONE cross through the mistake,**  
**and both caregiver and client need to sign it. Use blue ink to complete.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency Spervisor Signature \_\_\_\_\_

Date \_\_\_\_\_