EURO HOMECARELLC.

PCA - Special Task

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

TIME SHEET / PLAN OF CARE

Custom	er Name					Wook Ending	1	/20
Employee Name						Week Ending		
		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	Date							
	Time Ir							
	Times	PM		PM			PM	
	Time C	Out AM PM		AM PM			AM PM	
	Hours Worke	d						
ADLs	Bathing Dressing Eating / Feeding Grooming Mobility / Walking Toileting / Bowel and Bladder Card Trasnsferring Oral Care	e						
IADLs	Cueing / Reminders for Self Medication Administration Housekeeping Laundry Meal Preparation / Planning Shopping							
Other	Accompany to Appointments Walks Conversation Errands Mail / Correspondence Assistance with Phone Calls Reading							
				/	/	<u>, </u>	/	
ADL / IADL Codes R = Routine F = Frequent I = Intermittent		Clottomer Signature	Customer Senature	Ostomer Signature	Customer Signature	Clostomer Signature	Clostomer Signature	Customer Signature
!OBSER Time sh Drop of If you n	IFY THAT THE ABOVE INFORMA EVE AND REPORT CHANGES IN CLIEI neets must be received by 9AM Tue ff at the office or fax to (860)793-95 need to make any changes, make O th caregiver and client need to sign	ATION IS TRUE NT'S CONDITION esday. NO EXCE 043 NE cross through	AND CORRI TO THE AGEN PTIONS.	ECT. NCY SUPERVIS				
Employee Signature						Date		
Agency Spervisor Signature					Date			