



CLIENT NAME: _____
(PLEASE PRINT)

PERIOD ENDING: _____
(ALWAYS SATURDAY)

EMPLOYEE NAME: _____
(PLEASE PRINT)

Week begins on Sunday
Week ends on Saturday

Sun Mon Tue Wed Thu Fri Sat

TOTAL PCA WEEKLY HOURS

Date							
In							
Out							
Hours							

ADL/IADL Codes:

R- Routine

F- Frequent

I- Intermittent

PCA

ADLs							
Bathing							
Dressing							
Eating/Feeding							
Grooming							
Mobility/Walking							
Toileting/Bowel and bladder care							
Transferring							

PCA

IADLs							
Cueing/Reminders for self-medication administration							
Housekeeping							
Laundry							
Meal Preparation/Planning							
Shopping							

PCA

Other							
Accompany to appointments							
Conversation							
Errands							
Mail/Correspondence							
Telephone use							
Other _____							
Other _____							

Employee Signature

Supervisor Signature

Date Received

DAILY CLIENT SIGNATURE

X X X X X X X