

# Personal Care Assistance Service Time Sheet/Details of Activity

Consumer Name \_\_\_\_\_

Caregiver Name \_\_\_\_\_

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

## LIVE IN



	Sun	Mon	Tue	Wed	Thur	Fri	Sat	
Date								
Time In		am pm		am pm		am pm		am pm
Time Out		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								
Transferring								
<b>IADLs</b>								
Cueing/Reminders for self medication administration								
Housekeeping								
Laundry								
Meal Preparation/Planning								
Shopping								
<b>Other</b>								
Accompany to appointments								
Conversation								
Errands								
Mail/Correspondence								
Telephone use								

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

Consumer Signature

Consumer Signature

Consumer Signature

Consumer Signature

Consumer Signature

Consumer Signature

Consumer Signature

Caregiver Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please refer to the client agreement for sleep/meal/and break times*