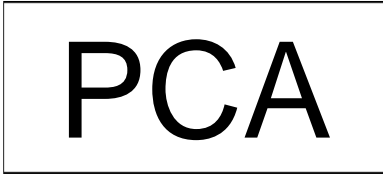


Personal Care Assistance Service Time Sheet/Details of Activity Invoice

Consumer Name _____

Caregiver Name _____

Week Ending _____ / ____ / 20____



	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Date							
Time In	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
Hours Worked							
ADLs Bathing							
ADLs Dressing							
ADLs Eating/Feeding							
ADLs Grooming							
ADLs Mobility/Walking							
ADLs Toileting/Bowel and bladder care							
ADLs Transferring							
IADLs Cueing/Reminders for self medication administration							
IADLs Housekeeping							
IADLs Laundry							
IADLs Meal Preparation/Planning							
IADLs Shopping							
Other Accompany to appointments							
Other Conversation							
Other Errands							
Other Mail/Correspondence							
Other 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 _____ Bill Rate _____

Payment Supervisor Signature _____ Date _____