

Personal Care Assistance Service-Agency Based Time Sheet/Details of Activity



Consumer Name _____

Employee Name _____

Week Ending _____ / _____ / 20____

	Date										
Time In		am		am		am		am		am	
		pm		pm		pm		pm		pm	
Time Out		am		am		am		am		am	
		pm		pm		pm		pm		pm	
Hours Worked											
ADLs Bathing Dressing Eating/Feeding Grooming Mobility/Walking Toileting/Bowel and bladder care Transferring											
IADLs Cueing/Reminders for self medication administration Housekeeping Laundry Meal Preparation/Planning Shopping											
Other Accompany to appointments Conversation Errands Mail/Correspondence Telephone use											
ADL/IADL Codes R- Routine F- Frequent I - Intermittent											
	<i>Consumer Signature</i>	<i>Consumer Signature</i>	<i>Consumer Signature</i>	<i>Consumer Signature</i>	<i>Consumer Signature</i>	<i>Consumer Signature</i>	<i>Consumer Signature</i>	<i>Consumer Signature</i>	<i>Consumer Signature</i>	<i>Consumer Signature</i>	<i>Consumer Signature</i>

Employee Signature _____

Date _____

Agency Supervisor Signature _____

Date _____