



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
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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 _____						

	DAILY CLIENT SIGNATURE	X	X	X	X	X	X	X
_____ Employee Signature								
_____ Supervisor Signature								
_____ Date Received								