

Service Delivery Record

Week:	Employee Name:	Task ID	SU	M	T	W	T	F	SA					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black;">Attendant Care</td> <td style="width: 15%; border: 1px solid black;">Respite</td> <td style="width: 15%; border: 1px solid black;">Homemaker</td> <td style="width: 15%; border: 1px solid black;">Personal Care</td> <td style="width: 15%; border: 1px solid black;">VA Client</td> </tr> </table>	Attendant Care	Respite	Homemaker	Personal Care	VA Client		10 Grocery Shopping							
Attendant Care	Respite	Homemaker	Personal Care	VA Client										
Client Name: _____ Notified Supervisor/Change in Client ADL'S _____ Date/Time: _____ Spoke to: _____		11 Exercise (Walking Only)												
		13 Shopping/Errands												
		14 Accompany to Doctor												
		15 Pickup Medications												
Errands over 10 miles Approved by: _____ (R) = Refused PCS – Personal Care Service PCA – Attendant Care IHR – Respite NOTES:		18 Medication Reminders												
		20 Shaving/Oral Care												
		21 Dressing												
		22 Foot Care												
		23 Bathing												
		25 Nail Care												
		30 Change Linen												
		31 Laundry												
		33 Cleaning Living Areas												
		34 Clean Kitchen												
		35 Clean Bathroom												
		36 Dusting												
		37 Mopping												
		38 Vacuuming												
		39 Trash Removal												
		40 Feeding/Eating												
		41 Meal Preparation												
		49 Meal Planning												
		60 Other Activities												
I verify that I have worked the hours listed and have provided services as indicated: Caregiver Signature: _____		62 Service Animal Care												
Client Signature: _____	PCS: Time In: _____ PCA: Time In: _____ IHR: Time In: _____	Time Out: _____ Time Out: _____ Time Out: _____	Date: Sunday	24 Hair/Skin Care										
Client Signature: _____	PCS: Time in: _____ PCA: Time In: _____ IHR: Time In: _____	Time Out: _____ Time Out: _____ Time Out: _____	Date: Monday	81 Catheter Care										
Client Signature: _____	PCS: Time In: _____ PCA: Time In: _____ IHR: Time In: _____	Time Out: _____ Time Out: _____ Time Out: _____	Date: Tuesday	83 Hygiene/Toileting										
				89 Assist w/Bedpan										
				90 Ambulate Client w/Cane										
Client Signature: _____	PCS: Time In: _____ PCA: Time In: _____ IHR: Time In: _____	Time Out: _____ Time Out: _____ Time Out: _____	Date: Wednesday	91 Ambulate										
				92 Ambulate Client w/Walker										
Client Signature: _____	PCS: Time In: _____ PCA: Time In: _____ IHR: Time In: _____	Time Out: _____ Time Out: _____ Time Out: _____	Date: Thursday	93 Transfer/Ambulate(walking)										
				94 Turn & Position every 2 Hours										
Client Signature: _____	PCS: Time In: _____ PCA: Time In: _____ IHR: Time In: _____	Time Out: _____ Time Out: _____ Time Out: _____	Date: Friday	96 Hoyer Lift										
				99 Assist w/Braces/Prosthesis										
Client Signature: _____	PCS: Time In: _____ PCA: Time In: _____ IHR: Time In: _____	Time Out: _____ Time Out: _____ Time Out: _____	Date: Saturday	TOTAL TASKS										