

CLIENT NAME: \_\_\_\_\_  
(PLEASE PRINT)

PERIOD ENDING: \_\_\_\_\_  
(ALWAYS SATURDAY)

EMPLOYEE NAME: \_\_\_\_\_  
(PLEASE PRINT)

Week begins on Sunday  
Week ends on Saturday

TOTAL PCA WEEKLY HOURS

|       | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-------|-----|-----|-----|-----|-----|-----|-----|
| 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 _____               |  |  |  |  |  |  |  |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Received

X X X X X X X