



CLIENT NAME:				PERIOD ENDING: (ALWAYS SATURDAY)						
EMPLOYEE NAME:					_			Week begins on Sunday Week ends on Saturday		
				Sun	Mon	Tue	Wed	Thu	Fri	Sat
		Date				<u> </u>				
	TOTAL PCA WEEKLY HOURS	Date								
		In								
		Out								
		Hours	;							
	ADL/IADL Codes:			R- Roı	utine	F.	- Frequen	ı <u> </u>	I- Inte	rmittent
	ADLs							<u> </u>		
	Bathing									
	Dressing									
1	Eating/Feeding									
Ĺ	Grooming									
_	Mobility/Walking									
	Toileting/Bowel and bladder care									
	Transferring									
			•			•	•			
<b>1</b>	IADLs						1			
	Cueing/Reminders for self-medication adn	ninistratio	n							
)	Housekeeping						1			
L	Laundry Mac Proporation/Planning									
	Meal Preparation/Planning Shopping									
	Shopping									
	Other									
	Accompany to appointments									
	Conversation									
Ţ	Errands									
ر ا	Mail/Correspondence									
_	Telephone use									
	Other									
	Other									
	Employee Signature		DAILY CLIENT SIGNATURE							
	Supervisor Signature		AILY CLIEN							
	Date Received		_							
				X	x	X	X	x	x	х