



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

PERIOD ENDING: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (ALWAYS SATURDAY) Month Day Year

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

Reminder  
 The week always start on Sunday

TOTAL PCA WEEKLY HOURS

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>Date</b>	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>In</b>	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM
<b>Out</b>	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM
<b>Hours</b>	:	:	:	:	:	:	:

ADL/IADL Codes:

R- Routine

F- Frequent

I- Intermittent

PCA	ADLs	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Bathing							
	Dressing							
	Eating/Feeding							
	Grooming							
	Mobility/Walking							
	Toileting/Bowel and bladder care							
	Transferring							

PCA	IADLs	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Cueing/Reminders for self-medication administration							
	Housekeeping							
	Laundry							
	Meal Preparation/Planning							
	Shopping							

PCA	Other	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Accompany to appointments							
	Conversation							
	Errands							
	Mail/Correspondence							
	Telephone use							
	Other _____							
	Other _____							

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