

LIFE PATTERNS TIMESHEET

FAX #785-273-3816

MONTH _____

YEAR _____

PCA = PERSONAL CARE ATTENDANT SHC= SUPPORTIVE HOME CARE

INDIVIDUAL _____

PCA _____

PLEASE PRINT

(Check all activities that apply)

PLEASE PRINT

DATE	SHC IN <u>INCLUDE</u> AM - PM	SHC OUT <u>INCLUDE</u> AM - PM	SHC IN <u>INCLUDE</u> AM - PM	SHC OUT <u>INCLUDE</u> AM - PM	<u>MEDICAL</u> - Assistance with medications & accessing medical care, therapy, exercise, etc.	<u>DAILY LIVING</u> - Assistance with Daily Living Activities (bathing, dressing, toileting etc.)	<u>HOUSEHOLD</u> - Supervise/assist with cleaning, cooking & cleanup or other household chores	<u>GENERAL</u> - Assistance with shopping and personal errands	<u>LEISURE</u> - Supervision & support for <u>COMMUNITY</u> leisure activities	<u>LEISURE</u> - Supervision and assistance with personal <u>HOME</u> leisure activities	<u>FAMILY ACTIVITIES</u> - assistance and supervision	TOTAL HOURS PER DAY	OVERNIGHT RESPITE <u>INCLUDE HOURS WITH AM - PM</u>	NIGHT SUPPORT <u>INCLUDE HOURS WITH AM-PM</u>	<i>Attendant Initials (Must initial for each day)</i>
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
TOTAL															

PCA SIGNATURE: _____
MAIL OR FAX ON THE 16th OF THE MONTH

DESIGNATED SIGNATORY _____
ANYONE AWARE THE SERVICES WERE PROVIDED

BE SURE AM/PM IS MARKED: ACTIVITIES HAVE BEEN CHECKED: SIGNATURES AND INITIALS ARE PRESENT

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INDIVIDUAL _____

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(Check all activities that apply)

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DATE	<u>SHC IN</u> <u>INCLUDE</u> <u>AM - PM</u>	<u>SHC OUT</u> <u>INCLUDE</u> <u>AM - PM</u>	<u>SHC IN</u> <u>INCLUDE</u> <u>AM - PM</u>	<u>SHC OUT</u> <u>INCLUDE</u> <u>AM - PM</u>	MEDICAL - Assistance with medications & accessing medical care, therapy, exercise, etc.	DAILY LIVING - Assistance with Daily Living Activities (bathing, dressing, toileting etc.)	HOUSEHOLD - Supervise/assist with cleaning, cooking & cleanup or other household chores	GENERAL - Assistance with shopping and personal errands	LEISURE - Supervision & support for COMMUNITY leisure activities	LEISURE - Supervision and assistance with personal HOME leisure activities	FAMILY ACTIVITIES - assistance and supervision	TOTAL HOURS PER DAY	OVERNIGHT RESPITE <u>INCLUDE HOURS WITH AM - PM</u>	NIGHT SUPPORT <u>INCLUDE HOURS WITH AM -PM</u>	<i>Attendant Initials</i> <small>(Must initial for each day)</small>
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
TOTAL															

PCA SIGNATURE: _____
MAIL OR FAX ON THE 1ST OF THE MONTH.

DESIGNATED SIGNATORY _____
ANYONE AWARE THE SERVICES WERE PROVIDED

BE SURE AM/PM IS MARKED:

ACTIVITIES HAVE BEEN CHEKED:

SIGNATURES AND INITIALS ARE PRESENT.