

CARE STAR , INC.

SERVICE CALENDAR

MONTH

YEAR

CONSUMER NAME

PROVIDER NAME

RN  LPN  Aide

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL PER WEEK
# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____
# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____
# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____
# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____
# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____	# Visits ____ # Total Hrs ____

I HAVE REVIEWED THE CALENDAR AND HAVE VERIFIED IT IS WITHIN THE APPROVED SERVICES ON THE ALL SERVICE PLAN.

TOTAL FOR MONTH

# Visits \_\_\_\_  
# Total Hours \_\_\_\_

CONSUMER SIGNATURE