

PCA Activity Sheet

Consumer Name:			Provider Name:						
Day	Date	Time (am/pm)		I certify that the hours shown represent my total hours worked on this assignment during this week and they were properly verified by an authorized representative.					
		In	Out	Consumer's Signature			Provider's Signature		
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Response to Care Observations
Tub/Shower									Monday:
Assist to Dress									
Oral Hygiene									
Shampoo Hair									Tuesday:
Comb Hair									
Foot Care									
Nail Care									Wednesday:
Exercises									
Transfers									
Change Bedding									Thursday:
Make Bed									
Laundry									
Meal Prep									Friday:
Kitchen Cleaning									
Bathroom Cleaning									
Vacuum/Dust									Saturday:
Groceries/errand									
Transfers									
School transport									Sunday:
DR Appointment									
Please note time spent on each task in above boxes by number of units = 15 minute periods									
TEAM COMMUNICATION									