

PCA Activity Sheet

Consumer Name:								Provider Name:		
Day	Date	Time (am/pm)		Time (am/pm)		Time (am/pm)		Total	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	In	Out	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										
Skin Care										
Foot Care									Wednesday:	
Nail Care										
Exercises										
Transfers									Thursday:	
Change Bedding										
Make Bed										
Laundry									Friday:	
Meal Prep										
Kitchen Cleaning										
Bathroom Cleaning									Saturday:	
Vacuum/dust										
Groceries/errands										
School Transport									Sunday:	
DR Appointment										
Please note time spent on each task in above boxes by number of units = 15 minute periods										
TEAM COMMUNICATION										