

PCA Activity Sheet

Consumer Name:					Provider Name:				
Day	Date	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		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									Tuesday:
Shampoo Hair									
Comb Hair									Wednesday:
Skin Care									
Foot Care									Thursday:
Nail Care									
Exercises									Friday:
Transfers									
Change Bedding									Saturday:
Make Bed									
Laundry									Sunday:
Meal Prep									
Kitchen Cleaning									
Bathroom Cleaning									
Vacuum/dust									
Groceries/errands									
School transport									
DR Appointment									
Please note time spent on each task in above boxes by number of units = 15 minute periods									
TEAM COMMUNICATION									