

PCA TIME SLIP 860-225-1075

(CLIENT NAME:					PERIOD E	ENDING:// ATURDAY) Month Day Year Reminder The week always start on Sunday		
EMPLOYEE NAME:(PLEASE PRINT)				_					
		[Sun	Mon	Tue	Wed	Thu	Fri	Sat
	TOTAL PCA WEEKLY HOURS	Date	1 1	1 1	1 1	1 1	1 1	1 1	1 1
		In	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
		Out	AM	AM	AM	AM	AM	AM	AM
		Out	PM	PM	PM	PM	PM	PM	PM
		Hours	:	:	:	:	:	:	:
_	ADL/IADL Codes:		R- Rou	tine	F-	Frequent		I- Inte	rmittent
L	ADLs								
ļ	Bathing								
_	Dressing								
3	Eating/Feeding								
	Grooming								
Ĺ	Mobility/Walking								
Ĺ	Toileting/Bowel and bladder care								
L	Transferring								
Ī	IADLs								
ŀ	Cueing/Reminders for self-medication adm	ninistration							
Ç	Housekeeping								
)	Laundry								
-	Meal Preparation/Planning								
ŀ	Shopping Shopping								
L	Спорринд		I						<u> </u>
I	Other								
ſ	Accompany to appointments								
Ī	Conversation								
(Errands								
)	Mail/Correspondence								
-[Telephone use								
Ī	Other								
Ī	Other								
-	Employee Signature Supervisor Signature Date Received	DAILY CLIENT SIGNATURE							
			Х	Х	Χ	х	Χ	Х	Х