|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PP:** | **SUN** | **MON** | **TUES** | **WED****LOVE RESPECT AND CARE**211 N Whitfield StPITTSBURGH, PA 15206**Phone** 412-362-0657 **Fax** 412-362-1680 | **THURS** | **FRI** | **SAT** |
| **DATE:** |  |  |  |  |  |  |  |
| **\*\*The second box is for split shift purposes only\*\*****TIME IN:** | **AM /** **PM** | **AM/ PM** | **AM /** **PM** | **AM / PM** | **AM /****PM**   | **AM / PM** | **AM/** **PM/**  | **AM / PM** | **AM /** **PM** | **AM/ PM** | **AM /** **PM**  | **AM /PM** | **AM /** **PM** | **AM/ PM** |
| **\*\*The second box is for split shift purposes only\*\*****TIME OUT:** | **AM / PM** | **AM/ PM** | **AM / PM** | **AM / PM**  | **AM / PM** | **AM / PM** | **AM / PM** | **AM / PM** | **AM / PM** | **AM/ PM** | **AM / PM** | **AM/****PM** | **AM / PM** | **AM/ PM** |
| **TOTAL HOURS:**  |  |  |  |  |  |  |  |
| **TASKS:** | **Please put an (x) in any box that applies to the tasks that you have performed that day** |
| **BATHING: SHOWER/ BED BATH** |  |  |  |  |  |  |  |
| **DRESSING** |  |  |  |  |  |  |  |
| **GROOMING: ELEC. SHAVE or NAIL CARE** |  |  |  |  |  |  |  |
| **HAIR CARE** |  |  |  |  |  |  |  |
| **ORAL CARE** |  |  |  |  |  |  |  |
| **SKIN CARE** |  |  |  |  |  |  |  |
| **TOILETING/BEDSIDE COMMODE/** |  |  |  |  |  |  |  |
| **CHANGING CATHETER BAG** |  |  |  |  |  |  |  |
| **TRANSFERRING** |  |  |  |  |  |  |  |
| **WALKING/ CLIMBING STAIRS** |  |  |  |  |  |  |  |
| **MEAL PREP. Or ASST. WITH EATING** |  |  |  |  |  |  |  |
| **ASSIST WITH MEDICATION** |  |  |  |  |  |  |  |
| **LAUNDRY** |  |  |  |  |  |  |  |
| **CHANGE BED LINEN** |  |  |  |  |  |  |  |
| **DUSTING** |  |  |  |  |  |  |  |
| **VACUUMING/ SWEEPING** |  |  |  |  |  |  |  |
| **CLEAN STOVE OR REFRIGERATOR** |  |  |  |  |  |  |  |
| **DISHES** |  |  |  |  |  |  |  |
| **ERRANDS/ SHOPPING** |  |  |  |  |  |  |  |
| **COMPANIONSHIP** |  |  |  |  |  |  |  |

**LRC USE ONLY**

EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSUMER ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Consumer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Signature: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Management Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PLEASE USE REVERSE SIDE TO ADD ANY ADDITIONAL COMMENTS/ NOTES***