|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PP:** | **SUN** | | **MON** | | **TUES** | | **WED**  **LOVE RESPECT AND CARE**  211 N Whitfield St  PITTSBURGH, 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***