


PROVIDER'S NAME:		DIRECT SERVICE WORKER'S NAME (PRINT):					
PARTICIPANT'S NAME:				PARTICIPANT'S DOB:			
Week Of:		Through:					
Day Of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date→							
Tasks:	Indicate Tasks Completed Each Day by Signing with Worker's Initials.						
Eating							
Bathing							
Dressing							
Grooming							
Transferring							
Ambulation							
Toileting							
Light Housekeeping							
Food Preparation & Storage							
Shopping							
Laundry							
Medication Reminders							
Assist To Scheduled Medical Appointment							
Assist To Arrange Medical Transportation							
Accompany To Medical Appointments							
Protective Supervision							
Supervision/Assistance with Health Tasks							
Escort for Assistance with Community Tasks							
Extension of Therapy Services							

PARTICIPANT/RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE'S SIGNATURE : _____ **DATE:** _____

DIRECT SERVICE WORKER'S SIGNATURE: _____ **DATE:** _____

NOTE: TIMES OF SERVICE DELIVERY, AS WELL AS LOCATION AT TIME OF CHECK IN/OUT, ARE DOCUMENTED THROUGH THE ELECTRONIC VISIT VERIFICATION (EVV) SYSTEM.

NOTE: THIS PAGE IS TO BE DUPLICATED AS NEEDED TO COMPLETE PROGRESS NOTE DOCUMENTATION

PROVIDER'S NAME:	
DIRECT SERVICE WORKER'S NAME (PRINT):	
PARTICIPANT'S NAME:	PARTICIPANT'S DOB:
	WEEK OF: _____ THROUGH: _____
DATE:	PROGRESS NOTES:
	<ul style="list-style-type: none"> - Observed changes in physical and mental condition (if applicable) - Documentation of any SIGNIFICANT DEVIATION from what is in the Plan of Care (POC) - Important information for the next worker or caregiver

PARTICIPANT/RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE'S INITIALS: _____ **DATE:** _____

DIRECT SERVICE WORKER'S INITIALS: _____ **DATE:** _____