

ALL KARE ALTERNATIVE, INC.

WEEKLY TIME SHEETS FOR WEEK BEGINNING _____ / _____ / _____ ENDING _____ / _____ / _____

STAFF NAME _____ CLIENT'S NAME _____

DATE	DAY	TIME IN A.M.	TIME OUT A.M.	TIME IN P.M.	TIME OUT P.M.	TOTAL HOURS
	SUNDAY					
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					

TOTAL HOURS FOR WEEK _____

SIGNATURE OF STAFF _____ DATE _____

SIGNATURE OF CLIENT/REPRESENTATIVE _____ DATE _____

LONG-TERM-PERSONAL CARE SERVICES (LT-PCS) WEEKLY SERVICES LOG – SINGLE EMPLOYEE

PROVIDER AGENCY NAME: All Kare Alternative, Inc.

DIRECT SERVICE WORKER'S NAME:

PARTICIPANT NAME:

PARTICIPANT DOB:

Through:

Week Of:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day Of Week: Date →							
1 st Arrival Time W/ Initials →							
1 st Departure Time W/ Initials →							
2 nd Arrival Time W/ Initials →							
2 nd Departure Time W/ Initials →							
↓ Tasks ↓	↓ Indicate Task Completed Each Day W/Initials ↓						
Eating							
Bathing							
Dressing							
Grooming							
Transferring							
Ambulation							
Toileting							
Light Housekeeping							
Food Preparation & Storage							
Shopping							
Laundry							
Medication Reminders							
Assist To Sched Med Appts							
Assist To Arrange Med Trans							
Accompany To Med Appts							
Daily Total # Of Hours →							

WEEKLY TOTAL # HOURS of LT-PCS → _____ HOURS

PARTICIPANT/DESIGNATED PERSONAL REPRESENTATIVE/LEGAL REPRESENTATIVE SIGNATURE & DATE: _____

DIRECT SERVICE WORKER'S PRINTED NAME, SIGNATURE, & DATE: _____

DSW SUPERVISOR'S REVIEW SIGNATURE & DATE (Use of this line is optional): _____

NOTE: DAILY SERVICES/SUPPORTS DESCRIPTIONS AND COMMENTS ARE TO BE RECORDED ON PAGE 2 OF THIS FORM. ADDITIONAL PAGES MAY BE USED.

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