

APLUS UNITED HOME CARE LLC

FAX NUMBER:
CLIENT NAME:

MAIL:
EMPLOYEE NAME:

	VISIT/DAYS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1st Week								
2nd Week								

	1ST WEEK	2ND WEEK		1ST WEEK	2ND WEEK																																						
	SU	M	TU	W	TH	F	SA	SU	M	TU	W	TH	F	SA	SU	M	TU	W	TH	F	SA	1ST WEEK START DATE	1ST WEEK END DATE	2ND WEEK START DATE	2ND WEEK END DATE																		
PERSONAL CARE																																											
Complete Bath																																											
Partial Bath																																											
Shower																																											
Shampoo Hair																																											
Dry/Comb/Style Hair																																											
Oral Care/Hygiene																																											
Skin Care/Lotion																																											
Nail Care/Clean/File																																											
Shave (Electric Only)																																											
Dress/Undress/Assist																																											
Ambulating																																											
Toileting																																											
Reading Writing																																											
Incontinence Care																																											
Managing Finance																																											
Appointment Scheduling																																											
Prayer																																											
Medication Reminders																																											
Feed/Assistance																																											
Supervision/Coaching/cueing																																											
HOME HEALTH																																											
Hoyer Lift																																											
Transfers																																											
Med Equip Assistance																																											
EXERCISE																																											
Range of Motion																																											
Supervise Walk																																											
Indoor Exercise																																											
Soc/Leisure Act																																											
HOME SUPPORT																																											
Cleaning: Bedroom																																											
Bathroom																																											
Living Room																																											
Dining Room																																											
Kitchen																																											
Bed Preparation																																											
Clean Bedside Comm.																																											
Floors: Vacuum																																											
Sweep																																											
Mop																																											
Linen Change																																											
Laundry																																											
Trash																																											
Caring Personal Possession																																											
Washing Dishes																																											
MEAL PREP																																											
Breakfast																																											
Lunch																																											
Dinner																																											
Snacks																																											
TRANSPORTATION																																											
Dr. Appointment																																											
Grocery Shopping																																											
Errands																																											
Securing Transp.																																											
Seasonal Clothes Shopping																																											
Communication Devices																																											
Boul/Bladder Management																																											
																						1ST WEEK		DAYS		DATE		HOURS WORKED		CLIENT SIGNATURE		EMPLOYEE SIGNATURE											
																						SUN																					
																						MON																					
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