**CAREGivers Please check all tasks that have been completed by making a “” in the appropriate box under Activities of Daily Living and Homemaker Services.**



Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary CAREGiver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typical Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAREGiver must obtain (PACE, VA & WC) Client Signature when they sign this sheet on a DAILY BASIS.**



**WEEKLY DOCUMENTATION LOG**

**ACTIVITIES OF DAILY LIVING HOMEMAKER SERVICES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **M** | **T** | **W** | **Th** | **F** | **Sa** | **Su** |  |  | **M** | **T** | **W** | **Th** | **F** | **Sa** | **Su** |
| **DATE** |  |  |  |  |  |  |  |  | **DATE** |  |  |  |  |  |  |  |
| **HYGEINE** |  |  |  |  |  |  |  |  | **BEDROOM** |  |  |  |  |  |  |  |
| Transfer Assist to Bath |  |  |  |  |  |  |  |  | Make bed |  |  |  |  |  |  |  |
| Hands-On Bathing Assist |  |  |  |  |  |  |  |  | Change linens |  |  |  |  |  |  |  |
| Type of Bath: Sink |  |  |  |  |  |  |  |  | **BATHROOM** |  |  |  |  |  |  |  |
| Type of Bath: Bed Bath |  |  |  |  |  |  |  |  | Wash tub/shower |  |  |  |  |  |  |  |
| Type of Bath: Tub Bath |  |  |  |  |  |  |  |  | Scrub toilet |  |  |  |  |  |  |  |
| Type of Bath: Shower |  |  |  |  |  |  |  |  | Wipe mirrors |  |  |  |  |  |  |  |
| Shampoo/Comb/Set |  |  |  |  |  |  |  |  | Wipe faucets |  |  |  |  |  |  |  |
| Skin Care |  |  |  |  |  |  |  |  | **KITCHEN** |  |  |  |  |  |  |  |
| Oral hygiene/Dentures |  |  |  |  |  |  |  |  | Meal Prep/Service |  |  |  |  |  |  |  |
| Shave |  |  |  |  |  |  |  |  | Wipe appliance |  |  |  |  |  |  |  |
| Assist to Dress |  |  |  |  |  |  |  |  | Wipe counters |  |  |  |  |  |  |  |
| **AMBULATE** |  |  |  |  |  |  |  |  | Dishes |  |  |  |  |  |  |  |
| Independent |  |  |  |  |  |  |  |  | Clean refrig- in/out |  |  |  |  |  |  |  |
| Assist |  |  |  |  |  |  |  |  | **GENERAL** |  |  |  |  |  |  |  |
| Devices- Cane, Walker, Wheelchair, Hoyer |  |  |  |  |  |  |  |  | Vacuum or sweep |  |  |  |  |  |  |  |
| Transfer Assist |  |  |  |  |  |  |  |  | Mop |  |  |  |  |  |  |  |
| Turn & Position |  |  |  |  |  |  |  |  | Dust |  |  |  |  |  |  |  |
| Exercise Assist |  |  |  |  |  |  |  |  | Empty trash |  |  |  |  |  |  |  |
| **TOILETING** |  |  |  |  |  |  |  |  | Laundry |  |  |  |  |  |  |  |
| Bedside Commode Assist |  |  |  |  |  |  |  |  | Grocery Shopping |  |  |  |  |  |  |  |
| Bathroom Assist |  |  |  |  |  |  |  |  | Errands |  |  |  |  |  |  |  |
| Cleansing Assist |  |  |  |  |  |  |  |  | **OTHER DUTIES** |  |  |  |  |  |  |  |
| Brief Change |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME IN** | **TIME OUT** | **MILEAGE** | **EXPENSES** | **CAREGiver SIGNATURE** | **Client Signature**  **(Required for PACE , VA & WC)** |
|  |  |  |  |  |  |  |
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