

HCBS-FE Comprehensive Support and Personal Care Services Log

Provider name: _____

Beneficiary name: _____

Date (MM/DD/YY)	Circle service	Start time	End time	Total time	Services provided (See below)	Worker initials	Beneficiary initials
	Personal Care Services	AM / PM	AM / PM				
	Personal Care Services	AM / PM	AM / PM				
	Personal Care Services	AM / PM	AM / PM				
	Personal Care Services	AM / PM	AM / PM				
	Personal Care Services	AM / PM	AM / PM				
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	Personal Care Services	AM / PM	AM / PM				
	Personal Care Services	AM / PM	AM / PM				
	Personal Care Services	AM / PM	AM / PM				

- Use ONLY for Personal Care Services.**
- | Code | Duties |
|------|------------------------------------|
| A | Bathing / Grooming |
| B | Dressing / Undressing |
| C | Toileting |
| D | Transfer |
| E | Walking / Mobility |
| F | Eating |
| G | Meal Preparation |
| H | Shopping |
| I | Money Management |
| J | Transportation (accompanying only) |
| K | Laundry / Housekeeping |
| L | Management of Meds / Treatments |

Comments:

I certify this information is correct and the above documented services were provided:

_____ Personal Care Services worker name (Print)

_____ Personal Care Services worker signature

_____ Personal Care Services worker name (Print)

_____ Personal Care Services worker signature

_____ Beneficiary name (Print)

_____ Beneficiary signature