

HCBS/FE PERSONAL CARE SERVICES AND ENHANCED CARE SERVICES LOG

Provider name: _____ Customer name: _____

Date (MM/DD/YY)	Duties provided (see Legend)	Service	Start time	End time	Total hours	Worker initials	Customer initials
SUN:		Personal Care Services	AM PM	AM PM			
MON:		Personal Care Services	AM PM	AM PM			
TUES:		Personal Care Services	AM PM	AM PM			
WED:		Personal Care Services	AM PM	AM PM			
THURS:		Personal Care Services	AM PM	AM PM			
FRI:		Personal Care Services	AM PM	AM PM			
SAT:		Personal Care Services	AM PM	AM PM			

I certify the above information is correct and the documented service was provided:

Caregiver signature: _____

Customer signature: _____

Date (MM/DD/YY)	Service	Start time	End time	Total hours	Worker initials	Customer initials
SUN:	Enhanced Care Services	AM PM	AM PM			
MON:	Enhanced Care Services	AM PM	AM PM			
TUES:	Enhanced Care Services	AM PM	AM PM			
WED:	Enhanced Care Services	AM PM	AM PM			
THURS:	Enhanced Care Services	AM PM	AM PM			
FRI:	Enhanced Care Services	AM PM	AM PM			
SAT:	Enhanced Care Services	AM PM	AM PM			

I certify the above information is correct and the documented service was provided:

Caregiver signature: _____

Customer signature: _____

	Legend
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 duties were provided:

Worker name (PRINT)

Worker signature

Worker name (PRINT)

Worker signature

Customer name (PRINT)

Customer signature